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ABSTRACT

This publication of the proceedings of the Inter Association Child Care Conference includes a debate for and against professionalization in the field of child care. A section on meeting the treatment needs of children through educational preparation of child care practitioners discusses background factors, levels of education for practitioners, curriculum, models and designs, instructional design, teaching methods, and evaluation methods. Several conference workshops are described which involve various programs and instructional techniques for child care workers, including the use of a life chart, nonverbal activities, transpersonal communication skills, and techniques for dealing with emotionally disturbed children. Other workshops cover residential programs, supervision techniques, day care staff training, and administration issues. (NRB)

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CONFERENCE PROCEEDINGS

INTER ASSOCIATION CHILD CARE CONFERENCE

1979

David Austin

Editor

CG 014648

U S DEPARTMENT OF HEALTH,
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NATIONAL INSTITUTE OF
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FOREWORD

The Inter Association Child Care Conference, of which these are are the Proceedings, takes place in the Fall of every year. The Conference is a result of a relationship established six years ago between three Child Care Worker Associations, those of New York, Pennsylvania, and Maryland. These Associations, along with others throughout the United States, are working together on vital issues affecting the field of child care, and, more specifically, the role of the child care worker.

The Conference attempts to provide a forum where those persons who work directly with children,either in day care or in residential care, can get together to learn and to discuss. Four hundred persons attend the Conference every year, and come from as far afield as Canada and Florida.

At the request of participants we are publishing the Proceedings of the last Conference, so that there may be a permanent record. We hope that this will become an annual publication.

David Austin	President
Norman Powell	Vice-President
Rick Heinze	Treasurer
Delores Long	Secretary
Sr. Madeleine Rybicki	
Ralph Kelly	

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DEBATE

ARGUMENTS FOR PROFESSIONALIZATION IN THE FIELD OF CHILD CARE

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PRESIDENT - ASSOCIATION OF CHILD CARE WORKERS
NEW YORK

Some time ago David Austin, the Chairman of the Inter Association of Child Care Conference, asked me to be on a debate panel focusing attention upon the question, "The Professionalization of the Child Care Worker - Will it Make Things Better or Worse?" The position that I would like to take this afternoon with regard to the question is that professionalization of the child care worker will generally make things "better" in the field of child care.

When we speak of "professionalization," we need to be very clear as to what we mean. Due to the broad and all-encompassing scope of the field of child care, we need to look at the various interpretations of "why professionalization?" Do we see only the bottom line, consisting of tangible outcomes or do we in fact place value on the process itself which has specific results? Results of of the process of professionalization are important not only for the child care worker, but for the child, the institution and the field of child care as well. Before we begin to look at the outcomes of the process, we need to be able to look at the process itself because that is where the value lies. We need to examine the extent to which we are able to personally invest and to personally assume responsibility to take a risk in the process of professionalization. To that extent, we will benefit both individually and collectively from the process and the outcome of professionalization.

For our purposes this afternoon, I would like to define what a "profession" is. A profession is an occupation, job or provided service which is accepted by a society. Based upon the need for such a service, the education and training required in providing the service and the appropriateness for provision of the service will be determined.

I would like to deal first of all with the factors creating the need for professional child care workers. It is possible in this case to confuse the factors which give rise to a need to the actual outcome of professionalization. It is important here not to confuse the two. A first need for professional child care workers is the industrial revolution which brought about the need for specific training and education in work that specifically involves a human services involvement. With the industrial revolution laws for and determining just wages and hours were also established. Another factor which gives rise to the need is the attitude that still exists in many child care agencies both locally and throughout the nation.

The attitude is one in which the child care worker is often seen cooperating with the educators, psychologist, social worker, etc. in an agency rather than being universally accepted as a member of a team, albeit a professional member of a team - one who is able to make decisions and to influence other fellow professionals and colleagues. Another factor creating the need is that career ladders at this time do not exist in child care on a comprehensive level. We want child care workers to remain in the field and on the "line" as long as possible. We as child care workers need to do away with the mind set of "if you want to move up, one needs to enter another allied service field." Another factor creating this need are the variables which have changed the focus of the needs which gave rise to the establishment of agency developments, namely changes in population, kinds of youngsters we are serving today. By in large, most agencies are experiencing more disturbed and often times difficult-to-deal-with adolescents and children. No longer is it possible to simply provide managerial controls and provide the necessary food, clothing and shelter to make the child comfortable in his or her placement. These are important and they must be seen in the context of a greater treatment modality, a treatment milieu. Because child care workers are interfacing with a greater number of service components who deal with the child, child care workers need to be trained in the facility to communicate with these other component workers all with a common language base. Child care workers need to be able to translate what we do into a treatment oriented language. This interfacing with other agency professionals gives rise to the need of a child care profession. Finally, child care workers are certainly called to provide a unique service in that it has a broad base of knowledge and a generalist's point of view; a base of knowledge that we can no longer leave to on-the-job training or pure intuition. It requires a knowledge base that is received through an educational process.

What consititutes the process of professionalization? Professionalization will primarily occur as a result of educational and training programs being developed. These training programs and educational programs will enable the child care worker to develop a knowledge base adequate to meeting the needs of children who are placed in residential, group home and day care centers. These programs will also create a common language base with other professionals. As George Cunningham of the Andrus Children's Home in Yonkers states, "Language is the foundation of all professional activity - the more clearly stated the language, the more closely it approximates the phenomena that are of importance for a particular profession." Educational programs will also allow child care workers to move 'across' institutions and child care departments rather than "out" of them. Another part of the process of professionalization would involve establishing levels of security which will encourage the worker to see child care work as a career with systematic levels of increments and development of specific career ladders. The professionalization process also requires representation of child care workers' viewpoints and concerns to both state and federal government levels. The process also involves agreed-upon certification procedures of competencies based upon areas of child care.

Realizing that not all child care workers will be certified, but that the goal or opportunity is there for them, another important part of the process of professionalization is the development of a common identity within the field of child care through the establishment of standards and ethics that can be adhered to by all child care workers.

The process of professionalization of child care has begun both on a state and national level. Perhaps we do not see the effects and benefits of what has already been done in this process only because we are not able or we choose not to invest personally into the process. We choose not to recognize the value of the process or we are not willing to take a risk in opening ourselves up to the process and becoming involved intimately with the process.

Who is responsible for the process of professionalization? Each individual child care worker needs to assume responsibility for his or her own professional growth. State associations as well as national associations can only provide a structure, can only provide a framework. It is that which is in the framework that is of crucial importance and by in large this framework constitutes individual child care workers. Also responsible for the process are elected representatives on a state and national level working in concert once again with individual members, with individual child care workers.

What will the outcomes of professionalization be? As I said earlier, the outcomes of professionalization are often times allied to the factors which give cause to the need for professionalization. Keeping that in mind, we may sat that one of the outcomes of the process with the individual child care workers who are committed not only to insititution, but also to a career. Another outcome will be the realization that more and more people will be attracted to the field of child care because there is security within the field as a career. Another outcome will be a total enhancement of workers' basic need for enlightenment, skill, and respect from other professions, as well as the ability to influence and make decisions in concert with other professionals who affect the day to day life of children in our care. Other outcomes of the process will be the need for agency administrators as well as governmental officials to take a long, hard look at the salaries that child care workers are receiving in today's society. If child care workers are going to be investing money into their education, then we need to be able to provide them with just salaries which will enable them to apply what they have learned and to apply it in a milieu of child care.

I believe that the professionalization of the child care worker will make things better. It will make things better for the child care worker in so far as the child care worker's basic needs will be enhanced. Professionalization will make things better for child care agencies in that the level of competency, the level of ability to interface with other professions within the agency and to make decisions that are child related will be increased and heightened.

Professionalization of the field of child care will also make things better for the children of this country, for the recipents of the services of the child care professional only because the child care worker with certain standards and ethical procedures will be able to provide consistent services and messages to the children who are presently residing in today's institutions and attending today's day treatment centers.

ARGUMENTS AGAINST PROFESSIONALIZATION IN THE FIELD OF CHILD CARE

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A review of the different state association newsletters, Child Care Quarterlies, and publications by the Child Welfare League of America would readily show that much discussion has taken place surrounding the topic of professionalization for child care workers. It should be pointed out, however, that most of these articles are proprofessionalization. Like any story, there are two sides to it. The purpose of this paper, therefore, is to discuss the issues which are relevant and necessary in an understanding of why professionalization is not a valid cause.

Consequently, this paper will focus on the following issues:

1. a historical review of the helping professions and what has happened as their respective constituitiencies strove toward professionalization.

2. also cover two other popular arguments that are quite appropriate in any discussion on professionalization for child care workers.

3. also ask the reader to stop and flash back in history to just prior to his first experience in child care in an attempt to resurrect your personal motives.

4. attempt to inter-relate the self review with the arguments that are offered.

5. Finally, the conclusion hopefully will cause the reader to address some of the very serious issues that professionalization will rein upon the field of child care.

In the historical review of what has happened to our co-workers in the field of human service, it is asked that the reader focus specifically on the fields of nursing, particularly, and more generally the entire field of medicine, the field of law with the profession of the lawyer, the field of education with the profession of the teacher and the field of child welfare with the profession of the social worker. Going back perhaps 15 or 20 years, one can remember people, with a desire to enter one of the above mentioned fields, going away to school and embarking on a very specific course of studies to gain acceptance into these fields.

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During the course of their studies, often they were involved in direct line work as part of their curriculum and when finished each of those mentioned entered into a life of service that was certainly client oriented and offered each the opportunities to fulfill a commitment they had made; a committment to serve.

As they sought and struggled towards professionalization, the following pattern developed:

1. instigation of professional associations

2. insitgation of a certifying process by the professional organization

3. then fullscale lobbying efforts, professional recognition and licensure by state governments.

Once this was accomplished, and necessarily so, the States then established criteria for licensure and/or certification. Without exception the criteria called for advanced studies and significant registery fees. Obviously then, the respective professionals sought higher incomes, and more often than not were forced into middle-mangement to achieve their goals.

The profession now automatically has become enmeshed in a bungling bureacuracy with a tendency towards less client oriented work and more towards supervisory work. People then, who had initially entered the field with a committment to serve are now entering into middle mangement positions, moving further and further away from the client. Note that, as previously mentioned, each of these professionals had a committment - that committment being the committment to serve. After many years of struggle towards professionalization, the committment may still be there for these folks to serve, however, they are not doing what initially drew them to the field; direct care. They have become less and less involved with the direct line care of their clients.

Consequently, today in the medical field, we see in place of the nurses on the ward, nurses' aids and orderlies. In place of the doctors, often now is seen the emergence of para-professionals, nurse practitioners and emergency medical technicians. In the field of law, often in the absence of the lawyer who, in the past, handled everybody's problems, is the para-legal professional. It is not uncommon today in the field of education to see the teachers' aids and the helping teachers in the classroom doing much of the work previously done by the teacher. In the place of the social worker, today we often see the case worker and case managers, people with associate degrees in human services rather than the MSW. The MSW's today in many situations being nothing more than highly sophisticated court recorders and reporters and often involved in the same type of work for the various state Departments of Social Services.

Another argument, quite relevant today, is the Inefficiency Argument.[1] This particular argument stresses that in any field as it becomes more professional it automatically demands much more of the available money with a decrease in output. Some examples might help:

1. the field of edcuation today is requiring more and more of the Gross National Product with the strong realization by all that education costs are becoming exorbiant. While today, in our highly professioanlized education system, with our chancellors, our boards of directors, our parent/teacher associations, our certified teachers, our certified special education teachers, our speech therapists, our reading specialists, our math specialist, what do we see? We see the "drop out" rate in the education system exploding and at the same time student achievement scores declining at a drastic rate. It is doubted any reader would struggle - struggle with the fact that our entire education system in this country is under serious question.[2]

2. Take the medical profession. It has been reported that most recently the medical profession is relegated approximately 1/9 of the gross national product of the United States. Today we have perhaps the greatest research, the newest drugs, the most sophisticated surgical techniques, and yet Robert Heilbroner in his article Benign Neglect in the United States points out that infant mortality rate is horrendous in this country. He offers the following schedule:

   In 1950 the United States was 5th place in the world. In 1955, the 8th. In 1960, the 12th, in 1979 the 18th. 18th mind you- just above Hong Kong.[3]

3. As a third example, take the field of law. There is doubt that any one reading this paper, particularly since all are at least minimumly involved with the justice system of this country, would disagree with the fact that injustice is increasing at an intolerable rate.

It appears then that while professions are receiving more and more of the money available the social problems that they define as their particular jurisdiction seem to consistently be worsening. Therefore, the inefficiency argument is very attractive. It is attractive because, it is based solely in American pragnatism.[4] It explains this concern as a simple rejection of that which isn't working. There is certainly much value in this argument.

The third argument against professionalization is the Arrogance Argument. Again, this particular argument is discussed in detail in the Periodical Institutions, ETC. This argument claims that the professionals have become integrated into a large scale specialized system - a system which I might add is self-perpetuated, and financed by public funds and insurance with the ever increasing ability to secure a guaranteed income. Right away one can readily see the consequences of this type of thing happening in the human service field. We see clients assuming a residual role as a volitional purchaser of services. And, quite naturally, we see the concept of human beings in need disappearing. The profession is now free to use the client without pretense of humanistic service.[5]

It is asked now that each of you go back in history - go back to the point just prior to your first job in child care. Go back to that first job. Try to resurrect some of the thoughts that you had, some of the desires you had. Spend a second trying to focus on what motivated you, what drew you, to the field of child care.

It is hard to believe that you were interested in the field of child care because of the log writing that is required, because of the departmental meetings, because of the maintenance chores, because of the unit records which you must maintain, because of the supervision sessions that you had, either with your supervisor or with new child care workers under your supervision. One can hardly believe that you joined the field of child care because of the short hours and the fantastic salaries.

This writer would suspect that you were probably enticed to the field of child care because of your desire to play with children, the enjoyment you received out of counseling children, either one-on-one or in group sessions, the joy that you gained after having worked with a group for long hours and having seen that group reach the point where is jelled. The point where that group could now be used as a therapeutic tool. Possibly also you were drawn and continued to remain in the field of child care because you have experienced that child or those children whom you have spent infantesimal amounts of hours working with, finally able to reach out. - Yes, reach out and ask for help.

Note - that the initial set of alternatives offered for entering the field of child care were all negative in nature, all non-client oreinted, while the next group were all positive in nature, all directly related to line work with children. This writer feels that it is safe to assume that all of you wanted to become child care workers because of a calling - a calling to work, on line, with youth. Yes, even a committment to work with children.

Having gone through three major arguments against professionalization and a review of your history in the field of child care, you canappreciate the fact that, if according to the historical argument, what happened to other professionals can very likely happen to us.

Remember, that initially people entered the helping professions to work on line with their respective clients, and today have been taken from that role. This writer poses to you that as the other professions have become less client oriented the same will be our fate.

Let us attempt to inter-relate the arguments against professionalization with our personal survey. In the Historical Argument you see the professions of teacher, medical person, lawyer, social worker, moving away from a client orientation. Consequently, it should be noted that the initial moving force behind these people entering their respective fields is lost - that moving force, again, being the client orientation or direct-line work. The reason for joining the field in the first place is lost and perhaps even unretrievable. Do we see this happening in Child Care? Where are the experienced Child Care Workers; on the line? Is our system developed in such a way that we encourage the finest to stay or move up? I post to you that the Historical Argument can already be applied. Look around you! Do we not have associations? Are they instigating certification processes? Is there a move towards licensure?

In the Inefficiency Argument, we see that as people become more professionalized they demand a larger slice of that pie, that pie being the Gross National Product. However, while they demand more money, there is a disportionate relationship between the input and the output. While our "output" is difficult to measure, at best, all must agree that the costs are rising at an alarming rate. Can we justify this? This writer worries and is afraid. This writer is scared because currently the cost of child welfare are exorbiant. It is the rule rather than the exception in today's society that the annual cost per child in residential care is $20,000+ with some institutions getting $40,000 or more. People are beginning to question. They are concerned citizens, who in turn, put pressure on their various legislators. The principal question is what are we getting for our money?

In the Arrogance Argument we see that the professions are becoming less client-centered because of technology and the systems approach and often clients are reduced to little more than social security numbers. There is clear evidence that this argument can reasonably be applied to the Child Care field. While you may argue that it is forced upon the field by bureaucrats seeking fiscal accountability, you have to admit that the "computer" is here, and probably to stay.

This particular topic of professionalization in child care is perhaps the singularly most important topic to hit us, as a group, today; with ramifications that will most certainly be profound. Profound because the effect will be far reaching. It is this writer's feeling that child care workers across the country must give this particular topic a lot of thought, a lot of consideration and argue the consequences back and forth for a long time before we come to any decision. I feel the forum to accomplish this goal is through the National Association of Child Care Worker Associations and then filtered down to the various state associations.

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However, at this particular point in time, many state organizations have as few as 30 and 40 members.[6] It is imperative that these organizations represent adequately the child care workers from their states. It would behove each and everyone of us to encourage child care workers to join the various associations so that they can be heard. Otherwise, what will happen is education programs will be started with the dormulation and direction coming from people who are not line workers: people, who have been away from the line for years. Strides will be made towards professionalization without adequate input from line workers. If we want to hold dear what we most appreciate about the field of child care it is then our job to see that strides towards professionalization be stopped in order that we can continue to: be with, work with, and play with the children. So that we can continue to be involved in line child care work, the motivating force behind us being child care workers in the first place.

FOOTNOTES

[1] Investigative Newsletter on Institutions/Alternatives, *The Professional Problem*, September '79, Vol. 2, No.9, p.e.

[2] Ibid.

[3] Heilbroner, R.L., Strategic Perspectives on Social Policy, *Benign Neglect in the United States*, 1976, p.55.

[4] Invesitgative Newsletter on Institutions/Alternatives, *The Professional Problem*, September '79, Vol. 2, No. 9, p.3.

[5] Ibid, p.4.

[6] National Association of Child Care Worker Associations, *Membership Records*, October '79.

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KEYNOTE SPEECH

ALBERT TRIESCHMAN, PH. D.
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Thank you very much for that very kind introduction. I just have to explain about that Palor A and B business, it is only people from Great Britian that refer to things in America as holding court. I'll just be answering questions. This is the fifth Conference and there are some very gratifying things about that. It is in the same Philadelphia area, I came on the same hour late Allegheny airplane and there are some difficulties attended on that, and as I look into the room I can see faces of people who have heard, probably more than once every single clean joke I know. Which means that I can't start with a story. I can say Quaker farmer number 22 and somebody can laugh, because they heard that or the schlemiel story number 11 and somebody can say, My, I never heard it told so well. But, it is going to be difficult to do without a story, but I will.

Back in Philadelphia in the city at the Bellueve Stratford I was asked to speak on thoughts forming a profession, and I think there was a good deal of question of whether there was or could be a profession of child care. We talked about the development of a knowledge base, we talked about the skills that were needed, and how to transmit those skills through education and training. Also, how to develop ethics for a group of child care practitioners. It is gratifying to see that in the intervening conferences and certainly in your program and in the conversations in the hall and as pointed out in Karen Vanderven's article in the Child Care Quarterly that has been great progress. It is clear that there is a profession. At that first conference there was a report on a task force trying to form a national organization. Now there is a national organization, and it does meet, and the people are talking about child care as a profession in a great many corners of the country. There is a NYOCCW, there is a IACCC, there is all of those names. There is and are journals, many more books than there were, many more meetings, many state and regional associations, many national get togethers and international get togethers, and I see some people from Montreal even, and was reminded that there was an International Conference there. I think we can celebrate all of that progress, truly an amazing amount of progress. It is an amazing amount of more and we all live in a land where more is better, as noted as by how many hamburgers were are up to; twenty billion now I quess or thirty. I've lost track a long time ago. But, I think we have to be careful not to rest on our larels.

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I previewed some of this talk with my staff, and they said sisteen points was too many to make, so I cut it to fifteen and then in the process realized there were five important things I've left out. So now I have a list of five and a list of fifteen, but I don't have sixteen anywhere.

I hope as I speak today you'll have two kinds of perspectives. The one close in perspective puts the child's toe and your ankle in great promixity, or your hand and his tear, or the bedtime, the shout from the front of the station-wagon to the back. And at the same time, if you will, that microscopic situation view and also have in mind a more teleoscopic view at a distance to where we are and going and what we are trying to do. That is a thought actually presented by Soren Kierkegaarde in his journals shen he said he wanted to write about a man, a character that had a pair of glasses one lense of which operated like a microscope and would look deep into things, and another lense that operated like a telescope and would look at things from a great distance and with great perspective. I hope that we can mix together those kinds of concerns, the ones that are inside us and in the intimacy of our relationship with our clients and also those which are the more political, more reality down the road pieces that we also have to be concerned about, so I ask you to slip into a pair of such glasses as I speak to you today.

Some of the things to worry about in celebrating the process of our growth and the clarity that with which there is a profession of child care are things, I think we all need to remember. On the national front, yes we have an organization, yes we have journals, yes we have books, and a great many people accept the name child care worker and child care counselor. On the other hand there is a federal law, public law 941142 which is having an increasing amount to do with the care of troubled children in this country, special needs, handicap, education for handicap law, that asked for very careful planning from a list of professionals that is pages long, but nowhere does it say child care worker! We need to do something about that. Yes, we have a national organization, yes we have journals and articles and friends on different coasts and in different sections of the country. But, the Department of Labor does not think of us as a profession. The Department of Labor specifically excludes child care workers from being professionals. You can explain to them about training; you can explain to them about in-service and degrees. Child care Workers are hourly wage employees, they are not professionals. If you would agree that the way you would really like to work with youngsters is to be able to stay those three extra hours if that is what it takes to work through with a temper tamtrum, and sure you'll take a half a day off next week, you can't decide that, the Department of Labor says you can't decide that, because as hour and wage employees you have to. You can't do it with a comp time system that is outside that original forty hours, it has to be at a given over-time rate within those hours. The ironally is that this protects a great many people across the country who are badly under paid,but it exploits a great many people who are adequately paid or paid at least significantly above the minimum wage from being able to be thought of as professionals.

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That section of the DOL regulation needs to have input from the profession of child care. In addition to public law 94142, and in addition to the Department of Labor regulations, and incidentally no one has ever taken that issue to court with the Department of Labor, though a group in New Hampshiremay be doing that now. There is one other national sort of political issue to be concerned about and that is more and more I hear in foster homes and adoptive homes, recruitment programs, very valuable and important kinds of programs a theme which basically says save the child from the institution. Beware we should not set ourselves apart, we should not let others set us apart, as the bad guys that somebody is going to save somebody from. There are issues that will take attention in your local meetings, in your local get togethers of mental health and education professions. They are things that say we may believe and have substantial evidence of the growth of this profession, but there are still nocks and crannies that have either been left behind, or trying to leave us behind. That is one of my concerns. Another is that as we develop a national profession we remember that different areas of the country are in different stages of development. That child care and group care as it is in Pennsylvania or New York or for that matter in Greater Boston as it is in western Massachusetts. That is it is all to easy to talk only about the power of a therapeutic milieu, and to forget the value of quality custodial care of order, safety and cleaniness. I've sen too many places sometimes with the help of professional child care forget the basic task in the process of providing the more intimate therapeutic change agent techniques. An additional concern about the profession, I think that child care and other have said this too, is still too closely tied to the institution, to the group care facility. I think we have to identify ourselves more with house-parents, group homes, group home parents even though there are different kinds of practice of child care we can identify those as members of our profession. As groups of people who can serve as community out-patient clinics where maybe we can run groups of youngsters that otherwise would not get serviced. Literally take them off the waiting list of the community clinic. As more and more help for children money comes through education, I think we have to think about child care as a profession that runs after school programs, extended day school programs that is involved in the educational process. And I think that thee is no reason not to think of the possibility of thedprivate practice of child care. That maybe the intervention of choice for a youngster to create a group in his neighbor for him and activities which were by prescription to help him reach various developmental stages. None of those I think should be beyond our can for the next decade. Another concern that I have about the profession is that to despite the overflow crowd here and at other recent conferences, there still an alarmingly few people who do all the work. There still are 7,8,or 10 people who do significant amounts of work. More of us have to do more of the work. That is one point of that, the other point is those of us who have worked together and participated in this quite alot have gotten to know each other so well in addition to sleeping in one small bed for two days, incidentally neither one of us are pregnant, the fact of the matter is that it is very easy for us to become a very small clinque and unwelcoming to new people.

It is like the 10,12, or 20 people who are old friends and renew their friendship by exchanging only the punch lines of jokes because everybody knows the old stories. And see that feels very unwelcoming to new peiole and if were are to grow and change and to influence more care of more children we have to be aware to be more welcoming and not so in grouping. Those are some of my concerns about the profession.

I now would like to go into my shorten list of 16 which I really think that are the issues that child care work and child care work treatment, which is the name of this program not toward a profession of child care, child care work treatment. What child care worker treatment professionals are going to need to face in the coming decade. As it is appropriate to an anniversary there are things here that are old, some things that are new, some things that are borrowed and some things that are blue. I think one of the first concerns we all should have is the continued struggle for adequate funding. You may have noticed that nobody is talking about budgets. Even the senior senator from Massachusetts is identifying himself as a balanced budget proponent these days.

Inflation is increasing thecost of all of our services and there continues to be grave complication in how public money, and private money gets mixed in the care of youngsters. There are some places, some states for example where rate setting provisions actually penalize agencies for raising money to help children, they take that off the rate calculation. And, yet if we are going to be able to afford quality care and not just middle level care for increasingly complicated multi-handicapped youngsters, we are going to need to find ways to carefully combine as many resources as possible. Federal money, state money, public money in general, as well as private money. I think that is an important way to keep in touch with our communities. We are also going to need ro find some money for validating what we do, some money for research. People are going to continue to ask what it is that you do, what is it that works, and how cost effective is it? We are going to continue to need to attract adequate funding and that is no surprise to you. And that is one of the issues I think that we face in the 80's.

A second is how are we going to attract and hold quality staff? Some part of that is money, and some part of that is training and I think we are all celebrating the kind of universals which are the core of the Chapel Hill Program, and we all know I think that more needs to be added to that. How are we going to continue to be a profession that attracts new people, that promotes people who wish to stay within it, that helps us to learn to do things with people not just to people.

A third concern I have for the 80's is how will we keep in touch with the needs of our community? And how will we keep the community aware of some of it's own needs? It is not just how our agency will stay responsive to community needs, and that has been a problem with group care for a long time. Some of our critics are right when they say that we serve the wrong children after a while. We just kep serving children that needed some other kind of service because we hadn't gone on to different children.

That some of the children should have been adopted or in foster homes and we kept them in institutions and we were serving the wrong population. Walker itself founded in the fifties for children convalescenting from Rhuematic Fever and Polio and that was almost the end of the days of Rhuematic Fever and Polio. Why, because it was founded by someone who had spent his whole life working with Rhuematic Fever and Polio. And, when somebody said what should we do with this for children, that is what he thought to do because that is what he had been working on. We have to stay responsive to what it is our community really needs. Those tougher kids that need care, those special kids that need care. And, now as it is I think that some of the communities are not finding the right kids. I can't believe that kids trouble don't start before adolescent. And yet the referrals are that no girl has trouble before the age of 13, is that true? Did I misunderstand something about development, that girls difficulties, womens difficulties spring full bloom at age 13? But most places that work with children under 12 have 4 to 1, 8 to 1, 10 to 1, ratios. We attempted to incorporate girls at our intake and found out that the same three agencies in Massachusetts were interviewing the same four girls for the same places. So I think it is not just a matter of being responsive to community needs which we have to be part of, but helping the community to see what it's needs are. You see kids have troubles before their feet can reach the pedals of automobiles. I think some states only find them they reach the automobile pedals. Actually, we had some even earlier than that because we live in a fairly countryess section and we had a youngster who stole a horse. The only horse thief east of the Mississippi in this century. And, of course, as you probably all ready have guessed it was from one of our donors. It will be more than a matter of licensing, more than a matter of accountability that we keep to our mission and that we help the communities to realize what mission we can fill and what missions need filling.

Another concern for the 80's I believe is how can we become more wise about crisis. I see and I'm hearten by the fact that I see more articles on crisis and crisis management in our journals. I think sometimes we act as if we will do it right by these kids when the crisis is over. And if that is the case we almost never get around to helping kids, because in the process of growing up and in the process of group care there are a great many crisis. You can't wait for them to be over before you start to help, or else you never get a chance to start to help. As a matter of fact if you are really doing a good job, you are helping to produce some of the crisis. You are persuading the youngster not to throw the book to get the teachers attention but to raise his hand. And you put him in that awkwardangishing position will she ever answer my hand. That is very upsetting, I know she came like that when I throw the book. If any of you have been awkwardly between an old way of doing something and a new way of doing something you know just what I'm talking about. Good treatment does help children to change and grow and that puts them at risk and puts them under crisis. One could describe all of development as we learn a little bit more about how we behave under stress, how we fall flat on our face.

Each thing you help a youngster master, like trusting someone maybe now the youngster stops blowing off the food and brushing off your touch, those cute little paranoil things that kids do that suggest that they don't really think that you are good influence on them. And they get to like you and you get to like them. And they have this stuff now called trust and there is a real relationship but what do they want to do with it. Would they want to go out and make a friend with a kid their age? And so they say have a date with me, or play chess with me, or checkers and the other kid says bug-off, you are a pest. So they come back and kick your chins and you deserve it. Because, you gave them one of lifes great gifts, the capacity to trust, but maybe we forgot to tell them that it also hurts. It puts you at risk to care. It puts you at risk to want to desire. Development is a matter of crisis. Control is not our major effort, if you wish mainly for peace, quiet, and control don't work with children. Paramisin, mice something like that, but not children. Everytime they make a little progress, like they learn to walk and you have to move all the furniture and all the lamps and it is just not convenient. The wisdom about crisis will imply that were not waiting for them all to end so that we can do something good but that we see in them opportunity. The systems in our organization where the clients and the staff can participate in the resolution, can participate in seeing it in it's realistic forms because there are always people who want to denie it, and always people who want to exaggerate it and always people who want to say it's over before it's over. Systems in which we can manage crisis together and see it as an opportunity to help youngsters. I think that will have to become a part of what child care work treatment professionals face in this and all decades.

I think this field needs an injection of new leadership, Dr. Friti Redl has retired, Bruno Bettelheim has retired, Morris Firtzmayer has died. Therefore, more of the people who made quality group care and group treatment a significant part of the options for helping youngsters, who write alot about it or no longer actively participating in it. We need in fact, for the 80's to develop a written tradition something that Martha Mattingly has talked about alot. We can't keep just telling those wonderful, charming, funny sometimes powerful antidotes about black Friday or awful Thursday, or the day that 17 french windows were broken, or the station wagon that got pushed into the river. We have to have somehow have to figure how to turn those antidotes charming, funny or powerful as moving as they may be into a system of practicalities that are transferrable from one of us to another in order to help youngsters. Another task for child care professionals is that we have to do our own establishing of linkages with other agencies and with other kinds of services. We are five years old now, and that means that we are going OUT TO SCHOOL with other kids, the other kids, the other professions. We have to stop our blames systems , well you see we really are only so good because the Public Welfare Department is so bad. And our institution is so terrific and its always those foster homes afterwards that spoil our cures. You know that system. That system is one that protects everyone except the child.

We send a child out into a foster homw, and he doesn't do well and we say those foster parents just didn't know how to help John. In the meantime, the foster parents are saying, they sent us one who wasn't done. You see now that is a nice system everyone is protected, but the child and without adequate linkages to other agencies they become mutual blame systems. e even do it with each other. Well we took him from that other group care place up the street, and we'll save hom from them. And, then of course, they save him from us and on and on. Rather than seeing that many of the youngsters that we work with are troubled, multi-handicapped youngsters who are going to need more than one helping hand for more than one year. That will require adequate linkages. It requires it not just for our profession, it requires it for the sake of the youngsters that we work with. Mutual blame systems will not advance our cause.

Another crucial issue for this coming decade of child care work is that we must become involved more with families. Group care must be seen as more of a family service and less of an anti-family event. We have to drop the monster image of the parent that causes all the difficulty. That classic scene at visiting day where the child curses and looks from his parents to his child care worker and both of them take a step back waiting for the other one to do something. And he curses again, and they both take a step back. It is very obvious to the youngster that we don't work the same side of the street. And so than he begins telling us stories about how his mother sleeps with everybody on the block, and we believe those stories. And he tells his mother how we serve beer at lunch and sleep with each other and smoke pot and we don't believe those stories. The only way to do that is to have families on our campus, to have them participating,to run seminars in which we teach them how to deal with public law 94142 and their rights under it with the welfare agency. We bring from the welfare agency to teach them how to do that. We teach them what we understand about temper tantrums and how to manage them. How to help children go to bed, how to help plan trips with children in which we involve them as comfortable partners in our work with youngsters. This means that we then will becoming more of the permanent planning for children. It means that when you write your manual and say that parents are welcomed, it means that you better put a map in so they know how to get there. It means that you ought to put a telephone number in that answers after 5 o'clock. It means that maybe you ought send out some gift ideas or good books for kids this age , ideas around gift times. It may even mean an atmosphere in which you and parents call one another by first names. These people are first parents and than maybe patients.

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Another issue for the coming decade, is how will we manage to corporate into our helping systems for children as child care professionals, how will we incorporate new expertise in the traditional mental health professions, new kinds of therapies if you will, speech therapy, special education techniques, medical or nutritional technologies. How will we incorporate those into quality group care without returning to the role where we become traffic managers who walk children from one treatment room to another. And a response, of course, is that we are keeping the path and hallways neat in the meantime, how will we incorporate those people without role demeaning the child care worker, because we can't do it by shutting them out. We denie youngsters the help they need. How will we recommend to our staff that they work together and that some of the expertise of these newer technologies becomes part of the armanentarium of the working child care worker. How our consultants are available not just to one small part, but to the child care staff as a whole. So that we can stop debates on whether we can use behavior modification or psychotherapy. You see I don't think we don't know enough to ghrow any of those issues out. Behavior modification basically says you control behavior by controlling it's consequences. Psychotherapy basically is premises on the notion that by understanding and changing the antecedents things that go before behavior you change it. I have found that we need all the handles we can get before and after. I think that there are very subtle issues within here. That is, can we teach children skills of like making eye contact, saying hello or good-bye or thank you, or please before they really basically trust, before they basically really have a sense of self. Can we help them to smile before they really feel cheerful to put it bluntly. That is an issue I don't know the answer to. There are people who debate it like there is one answer, that is you have to help a child have a sense of self than you can teach them to make eye contact. There are other people who say making eye contact helps you to become a person who feels like they are separate from other people and can make friendships. I'm saying it will take the continued professional judgement of child care work treatment people to resolve that as a treatment issue. Te teach and write about how we use our judgement about when it is we say we have to teach this youngster how to talk to his teacher even though he has no great wish to talk to her yet. We better not push him about smiling because I think we will abort his sadness more. We are going to have to decide it both ways depending on our clinical judgement. But it is going to continue to be an issue not between child care workers and therapists but between different therapy delivered by different people. Not between professions, and not between good and bad, and honest and dishonest, and researchable and nor researchable but between different treatment plans.

Including these technologies one of the most important will be adequate special education. It continues to be a serious problem in group care that youngsters don't always get the quality education that they need. We are removing children who can't be dealth with in public school systems but often systems that have more in the way of art, music, and gym programs than our programs have. We have to up grade our educational program, if were not to be cheating these youngsters. I have sometimes have referred to that as what profitted a man if he find his soul, but lose his place in the book. I think it is important that we help youngsters learn to read and learn to make educational progress. I think it will continue to be an issue in child care that we keep a variety of people and many of you have heard me talk about this before. Hwe we attract to our staff not only the clinically sensitive and the good managers, and the people skilled in activities, poeple we call at Walker soul searchers, kid handlers, and activity freaks demanding as much as we can all of them as you can see. How we manage to attract and keep a variety of such people and also because I don't think that is such a great trick but to keep some mutual respect among those people. See, because it is very easy for the kid handlers to say gee we ran such a good smooth activity and those people were so sensitive and all this talking about mothers, worries, and anguish they can't even take four kids to the mail-box and come back with all four of them without the mail-box being cherried bombed. But, of course, than our soul searchers say those kid handlers they have no idea of the hurt in their hearts. One would hope that our environments are created in such a way that kids encounter all kinds of ways of dealing with the stresses, and opportunities of growing up, that sometimes when the youngster says is that a hurricane cloud?, someone says to him you sound worried about what is going to happen today. Which is a farily minimal interpretation of anxiety right. But, sometimes people say to him no that is just cumulus cloud coming in from Maryland bringing fresh air or something. I don't know anything about clouds as you can see. That he encounter information as a blind anxiety not just examination of the sourcce of anxiety as a way to grow and learn. There is more than one way to deal with anxiety. Sometimes he may encounter skill building diversion, like I don't know whether it is a hurrican cloud or not, but we can take a basketball and have a whirl-wind of a game. I'm pressing a little hard I understand at that point. But, one would hepe that your environment is rich enough that kids encounter more than one kind of helping. Not just between professions, but within the skill range of child care professionals. We need to have in this variety of staff a real openess to new people. I don't just mean an affirmative action program that says at the bottom of the page, religion, race, color, creed, no bar to employment, we are an affirmative action employer.

I mean inviting people who are different than we are because they will challenge us. Because they will ask new wuestions; because they will say you don't have the proper kinds of combs, you don't help those kids comb their hair right; you don't even understand what the word foxy means, you think it means something bad. People who are willing to eaach us, challenge use without still I think too narrow based, cultural bound notions of how a child should grow up. That is not easy for the people we attract and it won't be easy for us. We maybe asked some uncomfortable questions not just on racial lines, but on sexual lines. re you going to have a program where the men hold the children, but the women don't? See that creates what you call your mid-evil scenario in which princess is saved by prince from fire breathing dragon. Prince, male child care worker, princess, female child care worker, opps dragon is child who self-esteem we were suppose to be improving. It is demeaning to those of us men to like to bring warm glasses of milk, to those women who know how to fix bikes and play basketball to over-draw sex roles within our places. We really have to be prepared to deal with a variety of staff and to incorporate that into our professional development. Are all the women on the staff line staff workers, none of them head of departments? That is the equivalent of saying, yes we have two blacks on our staff, one is the gardener, and one is the cook. And, incidentally if we do run programs where we do need to put our hands on youngsters for control be sure that you can also put your hands on them for care and friendship. Don't run a program where the only time you touch a child is to control his temper tantrums. Sometime you have to toddle his hair, tickle him, or pat him on the back. So these things don't become weapons and shackles, they become also tools of friendship and intimatancy.

I smiling because the next point is about research and evaluation and I suddenly want to go back to do a peice of research that right. I want to meet all those people and we are going to prove that it is right, that we have to do it both ways. I think one of the coming things for this decade will be more research, more evaluation, more studies of the processes that we use, some outcome studies. I think sometimes we worry about research because we think it only means outsome studies, and that is how do all the kids do that went to our place? Are they doing any better than the ones who went to jail? Are they doing better than the ones who never came, and are on the waiting list? What kind of life are they leading, and how it is all turning out? Well, those studies are very, very difficult to design; very, very difficult to develop; very very expensive and I have grave doubts about them. One of the reasons that I have grave doubts about them is for an example when is an outcome an outcome. My mother is not very satisfied, yet with how well I doing. I don't call enough for starters. I forgot to let her know when I got back in town, and thereis a shelf she asked me to put up in her closet. This is serious, a few weeks ago and I still haven't put it up yet. I'm not a good outcome right now, she does not have me in her success column. We can do studies of things right within our program. Can we do something that works, how do we use our time-out center, who goes when.

So we can continue to treat kids over a mini part of the continuum without having to change them from place to place. I think that it is extremely important that we face and everyday face successfully and with the help of our colleagues the central dilemma. That is each and everyday we do our job with sensitivity. We are called on to spite our identity between the role of the caring adult who can see down the road and can see what is coming, and see what this child needs to learn and our emphaty with and feeling for youngsters that we work with. In early childhood it is the classic parental dilemma of the adult faced by the crying child identified with anguish of the child, wishing it would end , wishing it would stop. But, identity with the adult who wants it to stop, who says, dammit it's not the gas, it's not the rash, it's not the pin. To be both identified with the anguish and the efforts of the child,to deal with stress and also dientify with the adult need for peace and sensible appropriateness and solution to a problem, and with their own needs. How to face that dilemma each day, because you dare not go all one way or the other. If you become all identified with the child you become as uncomfortable, anxious, and burned-out because we do have failures. If you identify all with the adult you become the no bedside person. professionals can say that is a type 22B. You know, special education, two years this, two years that and you go through the whole profile. We have to continue to work witheach other and help each other to balance those two needs. In my own particular experience it occurred early when I was making a great effort to be friends with the youngsters by playing Monopoly with them on the floor. Somee of you may have heard me say this before, but I played with such enthusiasm, more enthusiasm then I ever played Monopoly as a kid. Coat off, sleeves rolled up, tie off, celecrating every role of the dice. I knew something was a little phony when I actually hurrayed when I got Marvin Gardens, because everybody knows it is a terrible peice of property. One hundred and fifty dollars for a house, everybody lands on Indiana or Pacific. Well, there I was being even more childlike than the children and then one of those darn kids at a hotel. At a hotel, like that. See, now I have to stand up put the tie on, put the jacket on again after rolling down the sleeves and say we need our games to help and have fun. Please don't eat hotels. And you see what does that look like to the kid. One moment I'm more childlike than he is and the next moment this strange kind of next to the right haand of god adult. One needs to worry about how to balance that, how to deal with that. How to balance the fact that some days we go home feeling like all we said is don't, stop, sit down, cut it out, you lose three tokens. And you saying I came to this work because I love kids, I'm a facist. There is a child within us, there needs to be an adult. They need to have a dyaminic tension if were to sponsor the development of these youngsters. I will now come to the closing which I have written out so as to be albe to really close. Otherwise, I'll think of something and tell another story.

This next decade we see us facing continuing humanitarian issues. Issues of the quality of care and quality of life for children in group care. It will face us with continuing clinical research mystery solving issues and it will face us with a continuing number of delivering issues. How will we get help to more kinds of kids, how will we solve the difficulties of rural deliveries of service that aren't, I can assure like urban delivery of service. We will need those two kinds of vision that Soren talked about, the inner one and the outer one. We will need the two perspectives of forward to a childs future and backward into the book of this life.

I like to close now by quoting two people. One myself I have to admit and the other Jerry Gracia of the Greatful Dead. Child care work for other peoples children and their families is a demanding and exciting career. Caring is both a great blessing and a dangerous risk. It involves us in our best hope for others and for ourselves. We are often disappointed in ourselves and in others. Let's remember taht caring is a risk and that when we hope for and help other peoples children we are asking them to join us in this same risky business about the caring. Don't be surprised if sometimes their angry or disappointed that we have asked them to come that way with us. But, do be excited about the prospects of learning together, child and adult, colleague and colleague, child care worker and parent. We do affect one another, it is the wellspring of our hope for ourselves and for them. And my quote from Jerry Gracia is Ripple and it goes, "Would you hear my voice coming through the music, would you hold it near. It's a hand me down, the thoughts are broken perhaps they are better left unspoken, I don't know, don't really care, let there be songs to fill the air." We do care, we are going to know that we can help broken down thoughts and behavior not be handed down to another generation. We can be affected by our clients and we can affect them.

Thank you.

MEETING TREATMENT NEEDS OF CHILDREN THROUGH EDUCATIONAL PREPARATION OF CHILD CARE PRACTITIONERS

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Background Factors

In planning an educational program it is necessary to articulate those factors which will shape the enterprise. Clarification of professional and educational values as well as economic and political influences provide guidelines for the integrity of training and an awareness of factors molding the effort.

Our understanding of the scope of field, career viability, and sense of responsibility for the professional maturation of practitioners have numerous implications for the design of training. Also our view of the nature of an effective learning process and its relationship to the level and intention of our audience will influence our decisions.

It has become increasingly clear that political issues, for example, PL.L. 94-142, Title XX, the newly formed federal Department of Education, and mental health legislation, have serious implications for the child care practitioner.

In addition to a consideration of broad contextual issues it is also essential to consider the immediate circumstances influencing training. The reason for the project, and contextual politics and economics will have a major role in shaping any educational effort.

If these factors are not given sufficient consideration the issues are frequently obscured by the details of the training plan. The resulting hazard may be an educational effort which ultimately violates our sense of integrity or falls victim to impinging forces which we overlooked.

Levels of Education

Education for child care practitioners is currently provided in several forms. All of these are beset by the issues of recognition and transferability of credentials.

The pre-service and in-service program, designed primarily to meet the needs of the sponsoring agancy, is a well-known format. Certificates awarded upon the completion of highly focused professional material have also been instituted. Professional conferences, with a beginning continuing education focus, is one of the most recent developments.

Child care practitioner education also takes place in the academic setting. Associate, baccalaureate, and master's degree programs specifically focused on the child care field have been developed. Workers have also obtained degree-oriented education by choosing carefully from other available programs. Doctoral study relevant to the field has also been possible by careful selection from other available programs.

Curriculum Models

In order for the skills and content of any field-including that of child care to be taught, a coherent way of organizing the material for instruction is necessary. Because child care practice is a professional field, the curriculum should conform to defined characteristics of professional curricula,such as accepted knowledge base, provision for clinical work, inclusion of code of ethics, etc. Selection of curriculum model the identificable form or structure providing the vehicle for delivering the content-includes consideration of an underlying philosophy and the identification of the goals and objectives to be achieved through the program. This can be done through such activities as needs assessments and task analyses. Important issues to be considered in selection of a curriculum model include: generic vs. specialty emphases, transferability, competency base and academic credit bases, semantic aspects of various models, and recognition of the value of deversity among training models. Among the models of child care education already articulated are the Developmental Child Care Model, the Educateur, the Child Mental Health Specialist, and the Child Life Specialist.

Curriculum Design

Following the selection of a curriculum model comes the actual fashioning of the total content to be included into a temporal division of sequenced units. Traditional educational principles of curriculum design are applicable to this process, which include setting objectives and sequencing material from the simpler to the more complex. Examples of field-specific guidelines for curriculum design which have been employed by some models in child care education include instruction in the developmental progression of young before old and in normal before pathological development. In this same mode, direct line clinical skills are taught, preferably simultaneously with analogous theory-before "indirect" skills in work with other adults, such as supervision, administration, and teaching.

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Design of Instruction

Design of specific units or modules of instruction within a total curriculum utilizes the same kinds of principles. Setting specific instructional objectives is crucial in assuring that necessary content is included, but educators need to be aware of the disadvantages of objectives which cam impose constraint on the breadth of instruction. Objectives should represent outcomes-or-terminal skills-to be possessed by trainees, and in that way define the content which must be provided; the provision of such content can be made in a variety of ways to achieve the same outcome.

A particular challenge for the child care educator is the design of field work. Field work is absolutely essential for effective professional training in the field. Successful field work requires the development of a sound, facilitative administrative structure to serve as the supportive framework for carefully supervised clinical practice. If the basic administrative organization is not accomplished, there is a resultant "crisis" style of management of the field work which diminishes its effectiveness. Such administrative organization includes formal agreements with agencies spelling out mutual responsibilities, and specific guidelines for students concerning a variety of issues such as confidentiality and attendance. Students particularly need guidance in dealing with negative situations which may occur on placement and in knowing how to obtain proper supervision. Individualization the match of a student's maximum benefit from field placement; this can be done for large groups of students if appropriate information is gathered. Students need a strong orientation to the various facets of field work before they begin and subsequently a support system to help them understand and integrate their experiencec. Not only is field work crucial for providing an opportunity for practice of skills in the field, but also it serves an important function in terms of educating agencies in the roles and competencies of the child care practitioner. Since properly executed matches between students and agencies often lead to job offers for the students, this further underscores the significance of field work in enhancing the professional impact of the child care practitioner.

Selecting Content

After instructional objectives have been written one turns to the task of selecting specific material in support of these objectives. Alsmot universally we are confronted with an abundance of material from which to select. To guide the selection process it is helpful to consider how to provide a generally rich and stimulating educational environment, participants immediate interests, the essential underpinning of the content area, and how to avoid unnecessary complexity or undue simplication of material.

Classroom Teaching Methods

Effective education of child care practitioners-or of anyone involves adapting educational methods to the characteristics of the learners. Study of entering child care practitioners suggests that they have particular attributes, such as a rescue fantasy, affective orientation, and strong identification with childhood. These normal characteristics should ultimately be modified by the educational system in order to promote the professional growth of the students. Ways are needed to encourage some line practitioners to aspire to roles in "indirect" work which give them more influence over the entire child care system.

Because of its applied nature, it is important that teaching methods in the field bring the student to the point of being able to apply learning in new situations. This can be accomplished both through traditional teaching methods, such as lectures; and experiential teaching methods, such as simulations, as long as the instructional process is carried through far enough so that concepts are understood and their applications seen and practiced. Simulations are appropriate teaching methods for action-and-effectively oriented child care practitioners, as long as they are educationally sound, i.e. embody appropriate objectives which can be measured at the termination of instruction, and include a process in which the content is brought to a conceptual level. It is possible to design educationally valid simulations which are inexpensive and simple, through utilizing a model describing the basic elements of a simulation. It is crucial for ethical reasons that participants in simulations be offered options not to participate if they experience the simulation as threatening, that provisions for safety be made, and that the debriefing process following a simulation not only include discussion of content but also of feelings generated by the experience. The very factors that make simulations such effective and potent teaching devices also make it imperative that they be carefully designed and carried out with discretion.

Evaluating Instructional Outcomes

Evaluation is an essential part of educational design. What first comes to mind is an assessment of the learners' understanding of the content covered in the learning experience. Examinations and problem solving exercises are useful in this regard. However, care needs to be taken not to confuse the learner's change in knowledge of attitudes with a change in behavior. Assessment of change in clinical behavior is more difficult and usually more expensive since it requires direct observation of work behavior.

Also of concern is an evaluation of the quality of the instructional unit. Learner's can evaluate the manner of presentation, usefulness of materials, and the general relevance of the content. In addition it is frequently useful to sumit the educational design and materials to other professional child care educators for their comment on the accuracy, completeness, and current nature of the material. Further, many teachers now have the opportunity to be videotaped in their teaching. This can then be studied either alone or with consultation with a view toward sharpening one's teaching style.

The purpose of all our training efforts is an improvement in the quality of care delivered to children. We are frequent asked to evaluate the impact of our efforts from this perspective. Much caution is required in considering the impact of training on quality of service delivery. Care must be taken to preserve the integrity of the evaluation effort by making only those conclusions which are legitimately supported by the data available.

Clinical Teaching

An essential aspect of the training of child care practitioners is training in clinical skills. Traditionally clinical skills for most professions have been imparted in a tutorial or apprenticeship fashion. One begins by doing and gradually is led to more sophisticated skills. In addition there have been efforts to identify components skills which can be taught separately and integrated into practice.

In conducting clinical training it is useful to have objectives for the experience which are then balanced with the learning opportunities of a rich clinical environment. This helps the learner and the supervisor avoid the hazard of diffuse fascination with clients.

The role of the supervisor is critical in the learning of direct care skills. In child care work we are only beginning to ave a cadre of supervisors who can articulate and direct students effecitvely. Child care also should begin to emphasize the training function as a responsibility of the child care professional.

Various clinical exercises are also sometimes employed such as observation, personal awareness tasks, journals, and the consideration of critical incidents and case histories. Videotape as a teaching and practice tool is also being developed. Further efforts to develop such tools and disseminate their availability could help focus clinical training in child care work.

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THE USE OF THE LIFE-CHART IN WORK WITH CHILDREN

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The goal of this workshop was to explore the use of life Charts as a method for (1) organizing facts from the worker's life history, for greater self-awareness, and (2) organizing facts from a child's history, for understanding, empathy, and more effective interactions.

The process plan for the workshop included:

A. Introductions

1. Sharing questions
2. Definitions
3. Discussion-Dimensions of Personality Development

B. Who is the Child?

1. Case Presentation - Life Chart of M
2. Discussion - Developmental/Therapeutic Interaction

C. Who are You, the Caregiver?

1. Perceptions of self as a Child
2. Discussion - Effective Caregiving
3. Responses

The participants' questions and concerns, the basis for their choice of this workshop included the following:

What kinds of information do we need to have about the children we work with? How can we get it?
Are there methods for understanding the Needs of a child?
Is there a way of avoiding problems casued by staff-child incompatibility?
How can we become more skilled at charting, organizing information for case conferences, communicating with other professionals?
Is the life chart a tool which can make the job easier, the work more effective?
Is there some method for getting enough background information, quickly enough, to work effectively from the beginning?
What is the Child Care Worker's contribution to crisis intervention, prevention, remediation?

The Leader's questions have been made evident by the process plan. The underlying assumption has been that the life history of the child and the life history of the worker are critical components of the knowledge base for professional Child Care. The Child Care Worker can take responsibility for gathering and recording the facts, the significant life events, even though it requires the help of others. Organizing the facts, so that one may have empathy with, and understanding of the experiences, is a method, unique to Child Care, which deserves our concentrated attention. This becomes the knowledge base which makes it possible for us to begin to ask the questions which are generic to effective child care, i.e.

> Who is the child? Why is he here? What strengths and weak nessess, what problems and challenges does he bring with him?
> Who is this adult - the Child Care Worker?
> What developmental experiences and life donditions have produced each of these persons?
> What positive life forces exist at this moment, in this place?
> What knowledge, skills, attitudes, support will be required for these two persons to be effective, as human beings learning how to become more human.

A Life Chart is an individual record of environmental happenings and personal responses, the life events a person experienced as a developing human being. Information is organized chronologically, into a coherent, suggestive record which may give the reader a feeling for the person, be it self or other, and some understanding of the values, attitudes, expectations, and experiences that person brings with him into a new environment and new relationships. It is confidential information and must be always respected!

STRUCTURE FOR A LIFE CHART

Date	Age	Significant Event	Child's Reaction	Family's Reactio

This particular form of the life chart was developed in 1962 in an effort to introduce some of the highlights of a child's history to a group of persons who were making cirtical decisions about programming and future placement of that child, in a residential treatment center for schizophrenic children. Many years later, in reviewing the literature, the author discovered an antecdent for the use of this method, in the work of Dr. Adolf Meyer who is often referred to as the "father of Community Psychiatry."

His work, beginning around 1900, **stressed** a whole-person approach to diagnosis, treatment and prevention of mental illness. Much of his thinking and writing could have been directed to professional Child Care Workers. "It will take persons with much actual knowledge, with very strong conviction and determination, to shape the conditions for phrophylaxis (prevention) and organization of early remedial work...It is the necessary combination of personality and system that will make for success in such movements." (See Lief, ed., The Commonsense Psychiatry of Dr. Adolf Meyer, New York, Mcgraw Hill, 1948, p.300.)

There can be little doubt that the relationship between the Child Care Worker and the child is crucial to effective engagement around developmental or therapeutic issues. We know that it is essential for children to experience a warm, intimate and continous relationship with a caring, trustworthy adult, in order for growth and development to occur. This must be a relationship in which both find satisfaction and enjoyment...Emotional experiences at each stage of development amy have vital and long lasting effects on the later stages of development...The roots of maladjustment may be found in a child's earliest experiences...Remediation is possible at any point, but the sooner the better...The positive relationship between the child and the worker is the core of remediation (treatment) process...Attitudes which a person brings to any given experience, reflect one's whole life history, especially prior interpersonal experiences...Self awareness on the part of the worker is considered essential to effective and continuing engagement on behalf of the child...

This was an experiential workshop directed toward greater understanding, on the part of the worker, of the dynamics of a child and the dynamics of the worker. The following statements are the responses of the participants, written to summarize the experience for themselves, and for other Child Care Workers.

"Child Care Workers do play a dynamic role in the growth of the child. Exposure to the history of the child and the history of one's self can be a tool for better understanding and for more effective interactions."

"The concept of 'professional distance', held as a standard by other professions, is not appropriate for Child Care Workers, **especially** in the realm of relationship-building, which is of utmost importance to the positive growth of both the child and the worker."

"Two new ideas for increasing the knowledge base for practice are:
1. The use of a life chart for the benefit of the worker and/or for use at review conferences on the children.
2. The use of others as observers of a worker's interactions with the children. (Possibly my supervisor and/or co-worker observing me, my observing them, for feed-back and to develop a support system.)"

"To open up and bring back memories of my childhood has made me look more closely at myself as a Child Care Worker. I believe I can be effective with the more aggressive, acting-out children."

"How important it is for the child to find that 'significant other' in his young years, to give him a positive knowledge of who he is. Having the experience (with the significant other) will enable him to be that 'other' for someone else."

"It is important to be in touch with one's own childhood, to be an effective Child Care Worker. The issue of whether or not one should allow a child to choose his 'significant other', within the agency staff, seems central to child/staff compatibility and central to effective child care."

"A feeling that Child Care is becoming professional has come with:
-knowledge of the life chart, how to gather and organize the data
-more insight into myself as a child
-identifying comon problems that are shared in residential programs especially in reference to sex roles and expectations
-a pertinent bibliography
-some pointers from a fellow participant about how media could be used in a workshop like this, to make the information available to more people."

"I can give more of myself to the children by looking into my life and drawing from things of the past--I'm sure I'll find situations and attitudes that will help."

"This workshop has made me take a look at how my own personality influences the clients at work, where my special talents are. I feel I have a better idea of how to incorporate these talents for the benefit of my clients. I also realize the importance of getting some training for work with parents. Client Care Workers can become fore involved with parents by understanding the history of that child- and both can work together to benefit the child."

"It's O.K. to let the children know you are one of them- another human being. It is O.K. for them to see you cry, to make a mistake and say I'm sorry. It's also O.K. for them to know you don't like to be over them--that you want them to be in control of their own behavior. You can learn from children, and from thinking back on your own childhood."

UTILIZATION OF NON-VERBAL ACTIVITIES IN THE TREATMENT OF THE EXCEPTIONAL CHILD

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This experiential workshop will explore the use of non-verbal creative activities in the treatment of exceptional children. Participation in movement, music, social games and art activities will demonstrate variations on group organization and structure, group process, ego-building experiences, tension and anxiety reduction and social adaptation. In addition, there will be an examination of the Bion Model of Group Dynamics employing the creative modalities of movement, music, and art. Three theoretical types of Basic Assumption Group are to be explored by way of non-verbal forms of expression. Discussion and exchange of ideas will further elucidate this construct of group dynamics as it relates to the creative arts in therapy.

Non-verbal activities provide natural arenas where successful expereinces can occur. Creative arts workers focus their efforts on positive interaction more than on perfect performance within each activity. Activities are carefully structured to assure that the child is able to maximize ego building experiences and reduce tension and anxiety. Each activity also affords the child an opportunity to modify previously learned. often negative behaviors and internalize new behaviors. Such manipulation helps re-orient the wory the child feels about himself and subsequently reduces self-destructive behavior. In addition, where appropriate, these activities are designed to offer instruction from the most basic to the most sophisticated skills, reinforce educational concepts, i.e., numbers, measurements, time, and space orientation, foster positive competition, and promote communication and free self-expression.

GAMES

Children and adolescents learn cooperation and healthy competition through exposure to organized games. Decision making, educational concepts, such as numbers, alphabet, identification of groups of objects, and appropriate social behaviors are reinforced in games. Games provide an outlet for appropriate ventilation of hostility and aggression and foster tension reduction, and provide the child with experiences that are essential to his creative social and mental growth.

The Creative Arts: music, art, movement, have tapped the resources of non-verbal communication through which the individual can channel thoughts, specifically to the creative arts in therapy, implies that the verbal component plays an auxillary role to the symbolic speech manifest through movement, music, or the graphic medium. Individual ang group processes are evaluated in terms of an analytically based theoretical framework, employing music, art, and movement as its modalities.

ART

In art therapy, children and adults communicate primarily through such non-verbal modes as graphic imagery, three dimensional clay figures, photographic essays and mural work. These images manifest such treatment data as fears, daydreams, conflicts, and fantasies. Art productions may also be used to detect signs of psychosis, organic brain syndrome, poor impulse control, drug abuse, self concept and the quality of interpersonal relationships.

As the process of therapy ensuses, the patient is encouraged to associate to his/her artwork. The artwork usually provides a projection of an inner-expression, and as such can be a new and often insightful perception of the self.

The arts and crafts experiences exposes the child to a wide variety of art medias and presents him with a large range of activities. The child is stimulated by paints, fabrics, leather, metal, plastics, wood, clay and paper mache. Given the opportunity and support to create the child can derive a great deal of satisfaction by completing decorative and useful items. He has created something aesthetically pleasing to himself and others, he feels better about himself and he becomes motivated to produce again. While the child is developing an awareness of beauty, his motor, visual, and social skills are also being developed and improved. The child can become more aware of shapes and their relationships, the use of color and the precision with which to use certain tools.

MOVEMENT

Movement is used by all people as a means of communication and self-expression. Movement therapy focuses on self-expression through movement which is non-threatening, unique to the child, and which enables the child to communicate in non-verbal ways through activities that he or she participates in selecting. Movement sessions are designed to aid both individuals and groups of children to gain working knowledge of the "how and why" of their movements.

Children who participate in the movement therapy program are evaluated in terms of body coordination, body-image (knowledge of body parts and their uses) and other qualities considered to be basic elements of movement.

In order to determine the child's individual movement repertoire, and in pinpointing the level of psycho-sexual development, the use of weight, timing use of space, and amount of tension held in the body are assessed.

The relationship between therapist and child provides a mechanism for instant feedback as to how interactions effect the responses of others. This relationship also provides a foundation for the addition of alternative resources to the child's movement repertoire which are considered socially appropriate.

MUSIC

The Music Therapist participates in the evaluation of individual problems, in the projection of treatment goals, and in the planning and implementation of musical activities which address these treatment goals.

In assessing problems, the Music Therapist utilizes rhythmic and melodic improvisations, time ordered musical behavior, and singing to assess gross and fine-motor coordination, hyperactivity, impulse control, attention span, expressive communication skills, social interaction, and self-concept.

Music Therapy is used in group and individual settings which offer an opportunity to observe reactions and interpersonal relationships within a collective musical experience. Musical positive behaviors are independent of musical ability and is the premise upon which music therapy is built. In therapy, the process of the musical experience is more important than the musical product.

PROGRAM AND EVALUATIVE TECHNIQUES AND FUNDAMENTALS FOR THE CHILD CARE SUPERVISOR

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PROGRAM PLANNING

Definition - Planning is the process by which society addresses social problems.

Factors in New Programming

1. Potential target population
2. Existing programs to meet these needs
3. Specific intervention strategies
4. Skills of agency staff

Program Planning ------------> Monitoring------------> Evaluation
↕
Program Initiation

Program Initiation

1. Procurement of necessary material
2. Professional, technological, social resources
3. Recruitment of clientele
4. Assessment of staff competency and training needs
5. Allociation of staff and resources
6. Program linkage to agency objectives
7. Program coordination---Community resources

Planning For A New Program Also Consists Of:

1. Knowledge of existing resources outside the agency
2. A decision that a new program is unnecessary
3. The development of a referral system directing agency clientele to esixting programs
4. The development of a new program patterned after another successful program in the community
5. The development of a totally new program

Research Techniques and Program Planning

I. Questionnaires
    A. Securing information from potential clients
    B. Useful for determining the success or failure of existing programs
    C. Can be administered to agency staff to determine the adequacy of their professional training

II. Questionnaires and Social Program Administration

A. Purpose
   1. Should be clear about the reasons for use
   2. Type of information that will be gathered
   3. Population addressed
   4. Information should be put to good use

B. Information Gathering
   1. List the types of information that you're looking for
   2. Essential information needs to be gathered in the shortest possible time (completion time should not exceed ½ hour)
   3. Devise a relatively simple, short questionnaire to yield reliable information

C. Format
   1. Brief description of purpose
   2. Utilization of information
   3. Protection of respondent's anonymity
   4. Response system
      a. Questions - open-ended or closed
         Open-ended - takes more time
         Closed - allows for more accurate percentages

D. Writing the Questions
   1. Questions and responses alternatives should be clear
   2. Questions and response alternatives should not reflect biases of the questioner
   3. Each question should contain one thought only

E. Pretesting
   1. Try them out on colleagues

F. Administering the Questionnaire
   1. Acceptable response rate - 65% or more
   2. Mailing
      a. Enclose cover letter stating purpose
      b. Self-addressed envelope
      c. 2-3 weeks follow-up with letter
      d. Telephone follow-ups
   3. Hand-Deliver
      a. Response immediately during waiting time

IV. Interviewing

A. Purpose - useful for gathering information relevant to all aspects of program administration

B. Research Interviewing - in brief introductory comments, one should clearly describe the purpose of the interview so that respondents know why the information is desired and how it will be used

C. Information to be Gathered - Before beginning, one should list the types of information desired - an interview should cover the range of information desired in the shortest possible time. (Should not exceed one hour).

D. Interview Schedule - It serves as a guide to the interviewer and poses the questions to the respondent.

It includes an introduction in which the interviewer states his organizational auspice. The purpose of the interview, assurance of anonymity--Questions should be clear, unbiased and focused on the subject matter. It should have from the general to the specific (funnel approach).

E. Pretesting the Schedule

USING EVALUATION AS AN AID TO MANAGEMENT

The basic purpose of program evaluation is to serve as an aid to the people involved in the management process. While this use can be broken down into a number of sub-categories, it does not diminish the importance of this primary focus. All too often however, persons involved in the administration and management of child caring agencies view program evaluation as a threatening or disruptive process, and its potential benefits are overshadowed. In our reluctance to face what sometimes amy be unpleasant realities, we cut ourselves off from the possibility of discovering that we may indeed be doing a great job. As the people resonsible for initiating assessment procedures in our agencies, we must acknowledge the importance of our own attitudes and feelings about evaluation. We literally set the stage for the other staff members. When we demonstrate our own enthusiasm for and commitment to evaluation, when we encourage openness and honesty in the process itself, and when we show our willingness to utilize the results of such a process, we are quite apt to find our staff following in our footsteps.

Evaluation has the potential to be an important tool in the administrator's or program manager's collection of resources. The first step in its proper usage is simply to view ti as such, and acknowledge tis potential benefits to the agency, to the professionals within the agency and to the children and families served by the agency.

A. The Use and Abuse of Assessment By Management

The management of a child caring agency involves five major functions: planning, organizing, controlling, motivating, and representing. In some agencies these managerial functions will be handled by one or two people, while in others they may be delegated to a large number of staff. No matter how much of the responsibility is passed on however, it ultimately lies in the hands of the agency director. The manner in which he prioritizes and balances the five functions will greatly affect the tempo and effectiveness of the agency.

Just as the relative weight of the various functions will differ from one agency to another, so will the use of evaluation in its support of the functions. Once again, it is a choice left to the administrative staff. As we look at the use of program evaluation as a tool in performing managerial tasks, it is important to reflect upon the manner in which these functions are valued within your program. Ask yourself not only how you prioritize the functions, but also how the use of this additional tool might affect your management system.

Program and agency planning go hand-in-hand with program evaluation. Planning is an ongoing process, involving the manipulation of various and changing agency resources in order to meet various and changing societal needs. Planning's lifeblood is innovation, as it helps the organization to assess what direction it needs to go and what has to be done to get it there. Planning must be both short and long range, and is generally built upon a foundation of past performances and trends.

It is precisely at the point at which this foundation is built that evaluation can be such an important aid. First, effective assessment should help you to clarify and pinpoint your agency's general priorities (goals). The broad purposes for which your organization exists must become an integral part of your evaluation effort, so that the program as well as it's assessment will reflect a clear sense of direction. This is not only important to a new agency attempting to initially establish its priorities, but also to those older institutions which may be in need of thorough examination, in hopes that they might better respond to a changing society and its changing needs. We have seen this within the past two decades, and continue to see it to this day at a large number of child caring agencies. With adoption and foster care programs popping into the child care picture, many agencies which formerly served "dependent" children were forced to shift gears to a treatment orientation. Some of these agencies did it by plan, after assessing the strengths and limitations of their programs and the flexibility of their resources. Others did it by chance, perhaps realizing only after the fact that their population had changes, along with the manner in which they were using their resources. Those who have planned, and continue to do so, have had much more success both at finding additional sources of support and effectively meeting the needs of their community and society. An ongoing system of program evaluation can easily spell the difference between being up-to-date or outdated in the field of child care.

The use of program evaluation in the second managerial function organizing, involves a two-fold process. First, the results of evaluation should be used to help agency administration ascertain the degree of efficiency at which their resources are being used.

If children are not demonstrating positive growth and change, the organization must take a good look at itself and the ways its resources are organized and utilized. If program evaluation indicates that we are spending more time and effort to maintain our organization than we're spending to help children, we had better scrutinize the organizing process. Secondly, evaluation can be used to help individual professionals examine the way it which they organize their own priorities in their work with children. Their sense of professional satisfaction can and should be grounded in a thorough examination of the process and results of their work.

The *controlling* function of management in the social services field often carries with it a negative connotation. There is apt to be a dichotomy set up between the enabling and controlling aspects of administration, with the latter viewed quite skeptically. No natter how we attempt to soften the phrase or qualify it with apologies, it must be realized that the controlling function is a basic one. It need not be unpleasant or negatively oreinted, however; it can just be easily be seen as a committment to quality service and responsible administration.

Program evaluation is an invaluable tool in the quality control process of a children's agency. Controlling essentially involves a".....follow-up to see that events conform to plans. Performance is evaluated, and the undersirable deviations are corrected to assure accomplishment of goals."[1] We certainly all intend to give quality service to the children and families with whom we work. If we don't have a consistent system of checking out the results of our efforts, we don't *know* that we are giving such service. As we get more involved in the management end of a child caring agency, we find ourselves getting farther and farther away from the direct service end; we are apt to spend more time working with staff members and less time with children. Effective program evaluation can be the link between the two areas. It can keep you in touch with what is really happening in the lives of the children you serve, pinpointing both the areas of success and those of failure. You will still be faced with difficult decisions concerning the correction of problem areas, but you will at least have specific information to help you make those decisions.

The task of *motivating* the staff at a child care agency is difficult and complex, and program evaluation, in truth, is not apt to make it any easier. To a large degree, motivating "......involves the determining and satisfying the human wants of employees, personnel appraisal, leading, developing and compensation."[2] While some of your staff will be enthused by the prospect of program evaluation, many will not be. Some staff will simply view it as additional work, while others may see it as an unprovoked questioning of their competence. The success of an assessment process may very well depend on your ability to interpret the process to your employees and to motivate them to use it productively.

Evaluation can help to motivate agency staff by assuring them that their work is being appreciated. In a field where there have been too few measuring tapes with which to judge one's own effectiveness, evaluation can provide important feedback to the line staff. It can help us to give credit where credit is due, thus increasing the likelihood of continuing quality service.

The final management function, representing, seems to be taking up increasing amounts of time daily. As the child caring agency negotiates contracts with county and state government bodies, seeks additional revenue from foundations, asks for contributions from individuals and churches, meets community questions regarding programs, lobbies for various legislation, responds to the residtance of a tax-paying public and attempts to provide service to doubting consumers, the task of accurately representing the agency becomes extremely important. Program evaluation should give an agency representative an arsenal of information with which to meet outside pressures. Evaluation results can not only help to sell an agency's program to various audiences, but can also be tailored to respond to the specific questions of a particular audience. Whether the evaluation audience is interested in how one type of therapy compares to another in helping children or how much service they're getting for their tax dollar, an assessment process can be adopted to give them answers.

The single most common and most serious abuse of program evaluation is non-utilization of results It is anazing that agencies will spend so much of their time, energy and money to evaluate their effectiveness, and then totally ignore the potential fruits of their labor.

Weiss suggests a number of constraint that frequently limit the use of evaluation results: "...the organization's resistance to change, inadequate dissemination of results, and the gap between evaluation findings and clear courses for future action."[3]

Residtance to change by the organization occurs and can be broken down into three categories: feasibility, acceptability, and idealogy. Change, whether concerning evaluation, new program, new staff or any other renovation, is likely to be scrutinized as it relates to these areas. Inadequate dissemination of results can be easily corrected, If a child caring agency chooses to do so. In order to make this information most helpful, the evaluators must make certain that the results are put in terms that make sense to the practitioners, and suggest realistic alternatives for future use.

Non-utilization of results is a complex abuse and one that is not always easy to correct. It certainly takes a committment on the part of the agency management, but it can result in a better informed staff and a more effective program.

Edward Suchman describes five additional potential abuses of assessment by management.[4] The "eye-wash" evaluation looks only at the good parts of a program, intentionally avoiding potential problems areas. It makes a definite attempt to be superficial, so that a weak program can be justified. It is concerned with how the program looks, rather than what it is or what it does. The "white-wash" evaluation covers up failures or errors by keeping the evaluation extremely subjective and justifying its shortcomings. This is often done by citing outside conditions, a need for moremoney and/or a need for a more accurate evaluation tool. The "submarine" evaluation is used when management is attempting to"torpedo" or destroy a particular program. It is a planned effort to ignore or distort the merits of such a program so that the evaluation audience is given the false impression that the program is a failure. It is generally used whn personality conflicts have reached the point where they are overshadowing service to the clients. The "posture" evaluation seeks to"...use evaluation as a 'gesture' of objectivity or professionalism. Ritual replaces research."[5] The final abuse, "postponement" occurs when management uses evaluation as an excuse to avoid taking action. Under the guise of needing to find more supportive information to aid in the decision-making process, it can delay needed action for years.

B. Ways to Handle Positve and Negative Findings

The problem of how to handle positive findings from an evaluation process is the type of problem that we all wish to have. When we think of our programs being evaluated we are apt to think first of our agency short-comings, and be much less concerned about those areas in which we expect positive assessment results. Unfortunately, this often results in those pleasant findings being taken for granted, ignored, and filed away, while we devote our time and efforts to the weaker areas. It is suggested here that the agency management use these findings to their fullest, and do so by directing attention in three areas.

The first is an in-house area: Broadcast Your Appreciation. Make certain that the information is spread among all the staff of your agency, and let the involved members know how much you appreciate their operation's success. Be careful to include everyone who was related to the program in your applause. The child care worker who sees the child care supervisor getting all the credit for a successful program is not apt to give as much effort the next time. We all enjoy hearing good things about our; it is important that the entire staff responsible for the high results hears those good comments. Not only is this an honest and direct way of shoring your enthusiasm and appreciation, but it also encourages and motivates your staff to continue doing an effective job. It may also motivate those staff whose program received results to give more effort to turning around their program.

The second direction to go with positive results is under the heading "package and sell." First, interpret and clarify your findings, making certain that they are readable, understandable, and meaningful. Humanize statistics into "child talk." For example, instead of talking about a 95% occupancy rate last year, express that figure by telling the number of children served last year, or how many additional children served this year, etc. Or, instead of saying that the recidivism rate is 30%, say that seven out of every ten children who we serve will never have to spend another day in a child caring institution. If your program has been an effective one, let people know it by making an attractive package out of the results.

The second part of this area involves "selling" the package. It is crucial that you let any potential evaluation audience know about your success. In a clear and pleasant manner, include this evaluation information in reports, presentations and conversations with your Board of Directors, funding agencies, placement agencies and personnel, and any other potential user or supporter or your program. You have invested a great deal of energy, time and resources into making a program successful; it would be a sizeable waste to not make that success work for you and your agency.

The third direction to go with positive results can be labeled "exploration." Just as we look for the cause of failure when a program does not succeed in accomplishing its objectives, so must we explore for the causes of success. This exploration is every bit as difficult, if not more so, as the search for reasons of failure. There are a lot of variables in our work, and we must look at all of them when we succeed. When a child "gets better," who or what is responsible. It is the child care worker, the recreation program, the social worker, the teacher, the psychiatrist? It is apt to be a combination of a number of variables, and we should study and compare our successes with each other and with our failures, and hopefully learn from them. If we know what it is that we're doing right, perhaps we can not only continue to do it, but do more of it and do it even better.

The reaction to negative results is not likely to be enthusiastic. Such findings generally indicate change, and we are all aware that change is not often easy. As a precaution before making any major changes, however, the evaluator must first do a double-check on his evaluation tool, making sure that he was measuring what he wanted to measure, etc. While the negative results are not likely to be rooted here, it is important to rule out that possibility at the start.

Child care work, as we know it, is generally handled by delivery systems know as organizations. If the delivery system is not delivering, it is likely to be because of a failure one one of three levels of planning and controlling, a combination of levels or a lack of communication among them.

Andrew Selig labels the levels 1) strategic, 2) management, and 3) operational.[6] He also suggests a number of variables which are involved on the different levels.[7] When a system has not achieved its desired objectives and has thus yielded negative evaluation results, it is my suggestion that we look at both the organizational levels of the delivery system and the variables grouped under them. The first step in remedying a program problem is finding its source; by surveying the following inventory of variables, you should be able to locate the areas that aren't pulling their weight.

To begin, check out the variables under the operational level.

1) Attitudes
2) Data collection
3) Present services
4) Unmet needs
5) Responsiveness to clients
6) Specification of functions
7) Continuity of care
8) Staffing
9) Techniques
10) Accessibility

These variables are generally concerned with the line staff level of agency operation, and while not being easy to change, are probably a great deal easier than those on the management or strategic levels. Check and re-check the communication among the levels; it is more likely that you will find a breakdown in communication than a deliberate attempt at program sabotage. For example, if the child care worker's professional techniques do not reflect, or at least complement, the administrations value regarding techniques, you are probably faced with a lack of clear communications.

Next, check the management level variables.

1) Social climate
2) Needs assessment
3) Specifications of function
4) Effort
5) Performance outcome
6) Adequacy of permanence in relation to need
7) Efficiency
8) Process analysis
9) Data input
10) Alternatives
11) Resources
12) Budgeting
13) Power
14) Level of intervention
15) Coordination
16) Constraints
17) Training
18) Structure
19) Focus
20) Internal operations mechanisms
21) Internal feedback system
22) External feedback system

Finally, check out the strategic level variables. This may be the most difficult of the three areas, as we encounter our own subjectivity in looking at the effectiveness of some of our functions.

1) Leadership
2) General policies and priorities
3) Community participation
4) Goal hierarchy
5) Goal content
6) Target population
7) Time schedule
8) Goal individualization

Once your have found the areas needing change, to turn around those negative findings, your next step is to help in the formulation of possible alternative actions. Be ready not only to point to your area of concern, but also be able to show that this is important enough to you to make you come up with different courses of action.

When suggesting or demanding change from the program staff, it is crucial that the emotional needs of the staff are heard and responded to. Remember that most people in the child care field have a great deal of themselves invested in their work, and when their work is criticized or questioned, they are apt to be justifiably defensive. It is crucial to the well-being of your agency as well as the children served by it, that negative evaluation results are used in a constructive manner, enabling staff to reach their fullest professional potential.

FOOTNOTES

[1] Terry, George R, and Hermanson, Eds., *Principles of Management*, (Homewood, Illinois, 1970), p. 9.

[2] Ibid, p. 7.

[3] Weiss, Carol H., *Evaluation Research*, (Englewood Cliffs, New Jersey, 1972.)

[4] Suchman,Edward A., "Action for What?", in *Evaluating Action Programs*, Carol Weiss, Ed. (Boston, 1972) p. 81.

[5] Ibid.

[6] Selig, Andrew L., "A Conceptual Framework for Evaluating Human Servise Delivery Systems," in the *American Journal of Orthopsychiatry*, 46 (1), January, 1976, p. 141.

[7] Ibid, p. 142.

PROGRAM EVALUATION AND MONEY

A. How to Use an Evaluation System as a Budget Tool

The role and form of budgeting in the child caring agency has undergone significant changes within the past decade. As Roderick Macleod stated in the Harvard Business Review, "...budgeting in insitutions has (traditionally) been a purely fiscal function divorced from social service planning. Customarily, about once a year the financial or accounting staff looked at the institution's expenses for heat, light, telephone, professional dues and so on and quessed how much these might in crease the next year. Sometimes the staff went so far as to ask the professionals what staff they expected to add or subtract, and at what change in cost. The result, the budget, was submitted to the board of trustees."[1] As in other areas of administration, we are seeing more and more involvement of program staff in the various phases of the budgeting process. In turn, there seems to be an ever-increasing awareness of the relationship that exists between programming and budgeting. It is a healthy, if not indeed necessary, change in focus.

Budgeting primarily involves two of the previously mentioned managerial functions: planning and controlling. Traditionally when we think of a budget and the budgetary process, we think of money, of revenue and expenses. Thus, when we have spoken of the planning aspect of budgeting, we have thought in terms of estimating how many dollars we will receive and how many we will spend. I would like to suggest that we broaden our focus to include resources beyond dollars and cents. Budgeting then becomes concerned with the planning of all of our rescources: money, staff expertise, time, facilities, energies and so on. Our resources are very much interrelated, and when we plan for the use of one we are effecting the utilization of the others as well.

It is much the same for the controlling aspect of budgeting. Terry and Hermanson define budgetary control as the process to "...determine if corrective action is necessary."[2] When we speak of performance we must not only think in terms of how much money we spent, but also how our other resources were used. Budgetary controlling is often assumed to consist solely of decisions to allow spending or to cut off funding; in fact, it has a far wider scope than that. It is primarily concerned with achieving the best results with the least amount of waste of resources.

It is obvious that program evaluation is an integral component of the budgetary process in the child caring agency. When we speak of "determining and comparing performance," we are speaking of program evaluation. The relationship between program evaluation and budgetary planning and control is not by any means a new relationship. What is new is the level of sophistication at which we must operate. In the past it may have been perfectly fine for a program to go on year after year, with the primary evaluative judgements being based on the criteria that "no waters were rippled and the kids seem to get better."

At the same time, our concerns over money were put to rest by merely asking for more and usually getting it. Those days are gone forever, and in their place we now face some complex questions. Not only are our resources limited and controlled by outside pressures but so are our programs. We are being forced to show how we arrived at the conclusion that a child is progressing, as well as how we intend to keep the progress happening. On both the budgetary and the program evaluation ends of the stick we are being asked to provide specific information.

Within the past few years two budget review systems have justly received a great deal of attention. The systems are not only related to each other, but related to program evaluation as well. The two systems, "Planning, Programming, Budget System" (PPBS) and "Zero-Based Budgeting" received their initial attention in government and big business circles, but are really not at all limited by their origins.

The Planning, Programming, Budgeting System involves four basic steps.

1) Specify and analyze basic program objectives.
2) Analyze program output as it compares to these objectives.
3) Specify and estimate the total program costs, projecting several years into the future.
4) Analyze alternatives, examining both effectiveness and efficiency.

As you review the preceding steps in the PPBS process, you will notice a great deal of overlapping with the basic evaluation process that was outlined in the first chapter. The main addition in the PPBS process is the financial concern, stressed specifically in step three and placed in a relationship to evaluation in the final step.

The combination of a program evaluation system and a program budgeting orientation provides a number of aids to managers of social service agencies. Macleod suggests the following:

1) The conceptual discipline for defining what the institution is doing.
2) The process of sorting out expenditures os as to identify the direct and allocated costs.
3) The process of relating the various types of funding to the purposes for which they were intended and of identifying the uses to which unrestricted funds are being put.
4) The means for estimating with confidence the cost consequences of expanding or contracting any program and the related impact on other programs and facilities.
5) The means for examining the financial implications of a program over a span of time.
6) The concept (and sometime in the future, the means) of measuring the results of programs by some common denominator."[3]

All of the above are potential aids; it is up to the program manager to decide the degree to which a program planning/budgeting/ evalution system will fill these needs.

Zero-base budgeting is a method which examines all program components, as well as total programs, as if they were just starting up. The concept arose from dissatisfaction with incrementalism, in which,"...the official in charge of an established program have to justify only the increase which they seek above last years appropriation. In other words, what they are already spending is usually accepted as necessary, without examination.... Many managers have suggested that zero-base budgeting be renamed 'zero-base planning and budgeting' because the process requires effective planning and immediately shows up any lack of planning."[4] This budgeting system asks the following questions of the agency in regard to various program components:

1) Is there a need for this program?
2) Are there available resources?
3) What is the purpose?
4) What happens if we don't perform these services?
5) How do we measure our performance?
6) What are alternative courses of action?
7) What is the cost/benefit relationship?

It is literally impossible to attempt a zero-base budgeting process without implementing some type of evalution system. The degree of specificity in the budget proces will determine the specificity and sophistication need in the evaluation process. While it certainly is possible to use a subject appraisal of a program's effectiveness in the zero-base budgeting process, such a use does limit the accuracy of the outcome. If, on the other hand, and agency is already effectively using an evaluation system, the implementation of zero-base budgeting will be much simpler. Many of the questions that the two processes ask are similar, and a simultaneous effort to implement both systems would certainly reduce the work involved as compared to separate implementation.

Both PPBS and Zero-base systems at some point involve a cost/ benefit analysis. This part of the budgeting process by definition demands an examination of the results of a program as they compare with the amount of money being expended for it. In other words, we examine the utilization of resources. When we find, as a result of an assessment effort, that one program achieves similar results with the children it serves for ten dollars per day less than a comparable program, we have to ask why and how it does so. In this age of increasing competition for the social service dollar, the agency that is able to demonstrate their effectiveness and efficiency will be one step ahead.

The relationship between cost-benefit analysis and program evaluation is summarized nicely by Weiss.

> "Cost-benefit analysis is often viewed as an alternative to evaluation research. But essentially it is a logical extension of it. In order to affix dollar values to the benefits of a program, first there has to be some evaluative evidence of what kinds and how much benefit there has been.
>
> Much cost-benefit analysis has been done in a prospective framework, assessing the likely cost and benefits of alternative strategies being proposed for the future to reach a given end (for example, to reduce infant mortality). The emphasis has been on planning --widening the range of options, estimating what each option will cost in terms of the returns it will bring, and introducing rational analysis into the decision-making process. But much sost-benefit analysis has also been applied retrospectively to calculate the returns on investment in past program. It is this use that meshes most closely with evaluation, although there is obviously an evaluative cast even to prospective analysis. For untried programs, date--both on costs and benefits--are likely to be more sparse, but the same considerations apply.
>
> In essence, the cost-benefit analyst attempts to identify the benefits of a program, both tangible and intangible; he looks at the costs of conducting the program, the direct and indirect; then he tries to put them into a common unit of measure--dollars. The ration of benefits to costs is an indication of the return that society is getting from its investment in the program.
>
> In identifying the benefits that accrue from a program, the cost-benefit analyst is in the same boat as every other evaluator. He is concerned with appropriate indicators of outcome control or comparison groups, intervals for stock-taking (right after the program? two years later?), collection of valid data, and so on. However, because determination of outcomes is only one aspect of the job, and because cost-benefit analysts generally come from disciplines that do not specialize in original data collection, he is likely to rely on available records, statistical series, or other sources at hand and make the extrapolations or adjustments that seem necessary. A good evaluation study of the program under consideration (or even of similar ventures) would be a asset for he could then proceed more readily to the quantification of benefits and costs."[5]

B. Purchases of Service and Its Relation to Evaluation

We are approaching a crucial turning point in the relationship between purchase of service and program evaluation. We are at the point where the contracts we sign with various agencies, counties and states are just beginning to mention program evaluation in a specific fasion. Presently, however, if your contract does say anything about assessment, it leaves the method up to you.

The first stage of the implementation of a county or state plan of program evalution is to spread the word that evaluation demands are on their way. In some areas this is being done informally while in others it's being done through the formal route of contract negotiations. Just as we must "sell" the idea of program evaluation to our staff, so are these agencies involved in selling it to us, their providers of services. It is essential that we take constructive action during this initial phase of implementation.

The action we must take is in the area of choosing the model of program evaluation to be used. If we adopt and implement a particular model in our agency, and the state or county chooses and demands a different model much of our work will have to be duplicated. On the other hand, if we are able to convince these bodies to either: 1) leave enough flexibility in the evaluation demands to permit use of any number of assessment models, or 2) use the model we have selected and implemented as their standard model, we will save time, money and energy.

There seems to be a tendency in our field to wait for decisions from purchasers of services to be made and then react to them. It is all too easy in the area of evaluation to do this, but the price we will pay is high. We must take the initiative ourselves and act, rather than being put in a position where we can only react. Your involvement, or lack of involvement, in the county and state political process as it considers evaluation models may greatly effect the amount of work you and your agency will have to do or re-do in the coming years.

HYPOTHETICAL ILLUSTRATION

PROBLEM SITUATION AND ADMINISTRATIVE TASK

An administrator of a public welfare agency is interested in whether or not new day care facilities should be developed in the community for public welfare recipients. The administrator may already know what day care facilities are currently available and the extent to which they are utilized. If there is additional need, he can purchase day care services through available welfare funds. The problem is one of locating the extent and type of need. A decision is made to survey agency clientele to determine their day care needs and their present child care arrangements. In addition, the administrator would like to know whether the provision of additional day care services would free a significant number of welfare recipients to participate in vocational training, further education, or employment. After the questionnaire is developed and pretested it will be given to agency clientele during their routine contacts with social workers.

DESIGNING AND PRETESTING THE QUESTIONNAIRE

1. The Purpose of the Questionnaire

Once the general problem has been identified, the purpose of the questionnaire must be specified. In this illustration, the purpose of the questionnaire is to estimate the proportion of public welfare recipients with pre-schoolaged children who could benefit from additional day care service. In addition, one would want to know whether use of additional services would facilitate vocational training, further education, or employment.

2. Information to be Gathered

Once the purpose has been specified, one should decide on the general areas of information required. In this case, the areas considered most important are: number of preschool children; past and present use of day care facilities; alternative child care arrangements; hours during which child care is most needed; willingness to participate in day care program activities; attitudes about the purposes of day care, for example, simple babysitting, educational, purposes, and so on.

3. The Format of the Questionnaire

It is decided that the questionnaire should contain mostly simple closed questions that can be answered and analyzed quickly. A covering letter and introduction would look something like this:

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Dear ____________________________

We are trying to find out whether you could use help with child care and if so, what kinds of day care services would be most useful to you.

Please complete this brief questionnaire and return it to your social worker. Your answers will be kept confidential. They will not effect your eligibility for public welfare or the level of your beneifts.

Thank you for your cooperation.

Sincerely,

Writing the Questions

Some of the questions might look something like this:

1. How many children do you have living with you? (Check one)
0___ 1___ 2___ 3___ 4___ 5 or more___

2. How many of the children living with you are between 2 and 6 years old? (Check one)
0___ 1___ 2___ 3___ 4___ 5 or more___

3. Have your children attended a day care center before? (Check one) Yes ___ No ___

4. If your children have attended a day care center before, was it in your present community? (Check one)
Yes ___ No___

5. What current child care arrangements od you have? (Check the one which you use most often)

___a. None
___b. Day care center in community
___c. Day care center outside the community
___d. Older children babysit
___e. Outside babysitter
___f. Leave children with friends outside the house
___g. Other (please write in) ______________________________

____

____

6. If a day care center were available to you, how many days a week would you use it for your children? (check one)
0___ 1___ 2___ 3___ 4___ 5___ 6___ 7___

7. At what times would you be most likely to use day care services? (check one)
Mornings___ Afternoons___ Mornings and Afternoons___

8. For each of the statements listed below, indicate the extent to which you agree or disagree by checking whether you Strongly Agree, Mildly Agree, Mildly Disagree, or Strongly Disagree.

a. Day care centers should provide educational instruction as well as babysitting for the children. SA___ MA___ MD___ SD___

b. Day care centers should provide for nighttime babysitting. SA___ MA___ MD___ SD___

c. Parents should participate in day care center activities. SA___ MA___ MD___ SD___

9. If your children attended a day care center, how interested would you be in going back to school? (check one)

Very Interested___ Somewhat Interested___ Not Interested___

10. If your children attended a day care center, how interested would you be in getting some additional job training? (check one)

Very Interested___ Somewhat Interested___ Not Interested___

11. If your children attended a day care center, how interested would you be in going back to work? (check one)

Very Interested___ Somewhat Interested___ Not Interested___

Finally, we'd like to ask a few questions about yourself: (check one response for each question)

12. Age: 18 or below___ 19-25___ 26-35___ 36-45___ Over 46___

13. Race: White___ Black___ Chicano___ Other___

14. Marital Status: Married___ Divorced___ Separated___ Never Married___

Pretesting the Questionnaire

The draft of the questionnaire should then be pretested with 10 public welfare recipients to find out whether they understood the questions, how long it took to complete the questionnaire, what information relevant to child care problems was left out, and so on. On the basis of the information gained in the pretest, the questionnaire would be revised and then used.

OBSERVATIONAL TECHNIQUES FOR PLANNING STAFF TRAINING PROGRAMS

1. Direct Observation is the most natural method of gathering information.

2. Systematic Observation is a method of data collection that includes one or more observers observing events or behaviors as they occur and reliably recording their observations in terms of previously structured and validated categories.

3. Non-Sytematic Observation involves the observer's writing narrative accounts of his impressions of what he is observing without employing previously structured categories for describing the events or behaviors. It is used mainly for descriptive purposes and for generating research hypoteses.

4. Non-Participant Observation the researcher does not actively particpate in the situation or interact with the subjects of his observation (remains passive).

5. Participant Observation the observer is an active participant in the situation--he interacts freely with the subjects of his observation.

OBSERVATIONAL RESEARCH FOR PROGRAM ADMINISTRATION

1. Use
   A. Groups of potential clients can be observed in their natural settings (family, work, community, recreation)
   B. Supervisors can employ these techniques to monitor the performance of line staff.
   C. Can be used as a means of evaluating the impact of program interventions.

2. Purpose - Always first decide the purpose of your observation and what impact you should expect to gain.

3. Criteria - In order to observe a situation reliably, one must decide upon the behaviors to include and exclude from the observations. A useful tool to use is a checklist of behaviors to be observed and, in more systematic observation, of the categories for recording these behaviors.

4. Site and Medium of Observation - Research requires that the site for observation be standardized. It is important to specify what medium is being used since direct observation is not always possible. (Videotape, role playing specific situations)

5. Information Units - The more systematice the observation, the more standardized the unit of information should be (time variables).

6. Frequency - Use of a time sample is helpful in establishing a frequency for observation. It involves making observations at previously designated periods of time to obtain what is hopefully a representation of typical behavior. As much as possible, the time sample should reflect typical staff behaviors.

7. Who Does the Observing - The observer should have a familiarity with the situation he is observing. In an attempt for objectivety, the observer avoids influencing those he is observing. He should be neutral as much as possible and should not intervene in behalf of the participants in the situation.

8. Reliability - Observers should be trained in the preceding principles and should practice making the desirable observations.

EXERCISE

In your community, identify two different groups of people that might benefit from a drug treatment program. The groups might include high school students, industrial workers, college students, unemployed workers, and so on.

Construct two questionnaires, one for each group, for the purpose of determining what kinds of drugs are currently being used by these groups, the extent of their use, and the users' desire for treatment.

Pretest each questionnaire with 5 to 10 respondents from group. From the pretest develop either a single questionnaire that can be used for both groups or final versions of separate questionnaires designed to serve the particular needs of each.

PRINCIPLES FOR CONDUCTING TIME AND ACTIVITY STUDIES

1. Designation of the Staff Population to be Studied

In time and activity studies, the objects of study are staff. Some studies include the entire staff. In others, particular staff units or levels in the organizational hierarchy are singled out for scrutiny. For example, in a comprehensive study of staff activity, one might look at the efforts of aministration, supervisors, line workers, volunteers, clerical staff. In less comprehensive studies, the activities of only those paid workers who have direct contact with clients may be considered.

The choice of the population to be studied depends on the intended scope of the monitoring effort, the size and scope of the program itself, the number and range of functions performed by staff, the amount and type of information desired, and the resources available for staff monitoring.

2. Selection of a Time Frame for the Study

The time frame for the study refers to the duration of time within which data will be collected. A time and activity study may be based on a day's, a month's, or a year's activities. The decision is based on the availability of resources for monitoring as well as on the time it takes for staff to complete the full range of its functions.

In general, the time frame selected for a time and activity study should correspond to that used for recording client contacts. Thus, if statistics on client processing are recorded for a given month, a time and activity study should represent the same month. In this way, the two different sets of data can be related to each other. Overall, the time frames for reporting all agency statistics should be comparable.

3. Delineation of Standards of Staff Performance

Job descriptions generally describe the range of activities or functions required of a given organizational position. Typically, however, job descriptions do not specify the amounts of time that staff members are expected to devote to these different activities. Nor do they typically rank the functions in terms of organizational priorities.

In newly developing programs, where theyre are no traditional performance norms, the amount of time devoted to different tasks may depend on particular developmental needs of the program. Here for example, staff may spend more time recruiting clients than serving them.

In programs in which staff performance is not highly visible, the amount of time devoted to different tasks may depend on the worker's perception of which tasks are most personally rewarding, for example, seeing clients rather than processing forms.

Worker efforts to allocate their time may also be based on sound knowledge and experience about the best way to structure their various activities.

Nevertheless, the administrator (possibly in consultation with relevant staff) should make an effort to delineate expected standards of worker performance. This is done by first identifying the range of functions and acticities associated with each position. These functions are then rank ordered, from highest to lowest, in terms of the amount of time that should be allocated to each.

Social workers in residential treatment centers for children, for example, may be expected to do the following: provide direct counseling to children in placement, provide counseling for families of children in placement, provide counseling to cottage parents, be in contact with outside agencies that will facilitate a child's return to the community, make home visits to assess the readiness of the home for the child's return, maintain contact with other relevant staff within the agency about a child's progress, receive supervision, prepare monthly statistical reports, maintain process records on client progress, and so on. On the basis of their relation to program objectives, these functions could then be ranked from those to which social workers are expected to devote most time to those that rank in time priority.

4. Selection of Time Units

The variable of time is easily operationalized in terms of seconds, minutes, and hours. However, in conducting time and activity studies a unit of time must be selected within which activities will be recorded. This is not so easy. For most social agency tasks, a second is obviously too short and a day too long. For many programs, there are time structured activities that can serve as a guide for selecting the proper time unit. More typically, workers are asked to record their activities at 15-minute intervals throughout the day. Or, they may be given a list of job-related activities and asked to indicate how many minutes per day or hours per week are spent engaged in each of the activities. Another common unit of measurement is the percentage of time out of a total week spent on designated functions.

5. Selection of Activity Measures

Activity measures, like any other empirical measures, should be classified into mutually exclusive and exhaustive categories. The categories should refer to the major functions and activities included in the job description for a given position. Categories should not be so broad as to miss important distinctions between different aspects of the job. For example, the term "counseling" could refer to work with clients, their families, or their peers. Such an activity category would be too borad to indicate important differences in caseworker activity.

Alternatively, categories should not be so specific as to prevent aggregation of the information. For example, a marriage counselor amy, in the course of a given time period, treat many different kinds of sexual dysfunction. For monitoring purposes, it would probably not be necessary to record data on the specific formsof dysfunction that were treated.

6. Construction of Time and Activity Forms

The principles that apply to the construction of questionnaires, interview schedules, and client census forms apply to time and activity forms as well. Measures should be operationally specific, valid, and reliable. But in contrast with the techniques previously discussed, time and activity formsare specifically directed to obtaining information about staff performance. In monitoring efforts designed to generate information about overall program effectiveness, data concerning output measures may also be collected. In such studies, workers may be asked to record not only their activities but the numbers of cases opened, closed, refereed, and so on. Whatever their specific purpose, staff time and activity forms should be constructed with the following principles in mind:

a. The forms should be simple, clear, and easy to use. They should employ a language that is familiar to and used by workers in describing their work activities.
b. Each form should contain sufficient identifying information so that data gathered during different time intervals can be traced back to the same worker.
c. For each category of information required, there should be an operational definition to facilitate valid and reliable staff reporting.
d. Operational definitions should be consistent on all forms, from one time interval to another and from one staff position to another. This makes it possible to monitor individual changes in performance over time as well as to locate possible duplication of effort by workers in different positions.
e. The time unit to be used should be clearly specified and consistent on all forms. Moreover, the form should cover all work time, both to create a complete record of worker performance and to assure adequate and common bases for percentage comparisons.
f. Provisions should be made for validating the information obtained from workers. This may be done by checking the internal consistency of responses. Additional vialidation may come from comparing worker self-reports with other, more objective data of cases closed, clients referred, and so on. Here other forms may be used to validate self-reported behavior.

7. The Collection of Time and Activity Data

To insure the collection of comparable and high-quality data, procedures should be worked out so that workers can record their activities as soon after completion as possible. This may require keeping a form on the desk at all times so that activity categories such as phone calls can be checked immediately and not forgotten.

For weekly or monthly data, workers may be asked to keep daily diaries of their activities, which they cumulate at the end of a given time period. This procedure is time-consuming but yields more reliable results than relying on subjective impression and memory.

The staff participating in the study should know the purposes for which the information is required. They should be committed to complete and accurate recording of their activities. They should be briefed on how to do it, given the time to do it, and rewarded for completion of their task. As with client census procedures, the collection of staff time and activity data shauld not seriously interfere with service delivery. Ohterwise, the monitoring process will be subverted by staff.

8. Comparison of Time and Activity Data with Program Objectives and Performance Standards

Once the data has been collected, they should be tabulated and compared against program objectives and performance standards. Here again, no precise formula can be offered for determining whether a discrepancy between staff performance and program expectancies is too great. Reasonable judgements must be made.

In addition to helping to assess the efforts of staff units, these data provide important information about individual performance data for workers in a category, it is possible to identify these workers whose performance in critical areas is far below or far above average. By looking at performance data for the same workers over time, once can establish whether individual workers are imporving or falling down in critical areas of job functioning.

Moreover, by comparing the activities of workers in different job categories, with different performance expectations, one is able to identify areas of overlap or duplication of services.

These and many other administrative uses can be made of information gathered by systematic monitoring of staff activity.

THE LIVING GROUP UNIT IN RESIDENTIAL PROGRAMS
IMPLICATIONS FOR TREATMENT

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Synopsis:

The primary aim of this workshop is to relate to a number of difficulties that have been faced in attempting to develop curriculum for training of child care workers in the arena of group skills. Attempts to utilize or translate the concepts of group theory and group work as they have been developed in the fields of social work and psychotherapy have been of limited value in coming to grips with the examples of practice issues presented by child care workers.

The content of this workshop will examine the causes of these difficulties and expand on the definition of group work with material that is related to the concept of the "iving group."

In 1978, one-third of all children within the New York City Foster-caring system were placed in various types of group residential facilities.

In such settings the group has been described as an "alternate primary care system" - one that is an alternative to the family, not one that is intended to take the place of original parents and siblings. This system creates a new primary group - the living group - which provides the context of child care work and a social reference group for the child (Maier).

This living group assumes a critical role in the establishment of the caring environment and the accomplishment of individual goal-oriented objectives.

Typically it is the child care worker, more than any other professional in the residential facility, who work within the environment of the living group. While much has been written on the practice of group work by sociologists, social workers, and psychotherapists, literature searches reveal little material revelant to the specific problems that confront child care workers in their unique relationships with children in groups.

The definition of the living group and the tasks of the child care worker require a perspective that is broader in scope and application than the generally accepted understanding of group work or group psychotherapy. This perspective needs to be geared to the full utilization of the group so that it will.

(a) Enable the child care worker to distinguish between an environment that is promoting health and growth as opposed to stress and chaos.

(b) Provide a focus on the life of the group which becomes the child care worker's primary instrument for intervention on an on-going and daily basis.

(c) Provide an analysis of tasks of the child care worker in managing the group that can be translated into a set of skills that can be communicated and taught.

(d) Enable the group residential facility to fulfill its unique role in the range of services provided for children in out-of-home placement.

The following characteristics of the living group are highlighted:

1. The living group is a group experience of high intensity producing stresses and benefits to all who are a part of that experience.
2. Residents do not simply meet for an hour or two and return to their own homes until the next "meeting." There is no breathing space before having to continue to deal with other members of the group.
3. Consequently interactions occurring during any form of a "group meeting" may carry over (and usually do) after any formal meeting.
4. The child care worker does not have the luxury of implementing two basic principles of group work in establishing the group: selecting the group members and allowing for voluntary participation.
5. The child care worker does not have the opportunity to control the beginnings, middle and endings of group process.

The following should also be stressed:

1. The impact of the non-voluntary group member on the environment of the group.
2. The skills in utilizing the group as a treatment method of choice.

3. The roles the child care worker inevitably assumes as a part of the living group.

In attempting to give substance to the practical issues for the child care worker in working with the living group as well as giving meaning to the perspective on the living group, the following schema is presented. This schema is intended to illustrate the stresses and strains that are at work within the fluid environment of the group residential facility. These stresses and strains are listed as a series of variables that form a continuum (sometimes in conflict, sometimes in harmony) and define the viability of the living group.

VARIABLES THAT DEFINE THE ENVIRONMENT OF THE LIVING GROUP

Function of Vaility ----vs----Values of Members

Group Need----------vs----Individual Expression

Security------------vs----Growth

Group Cohesiveness--------vs----Separation Anxiety

Conservation------------vs----Change

Control-----------------vs----Symptom Tolerance

Integration (of Treatment)-------vs----Visibility (of Behavior)

ACTIVITY PROGRAMMING
TECHNIQUES OF LEADERSHIP

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Planning and implementing activities is an important part of the Child Care Program. Our days with the children can be broken down into two parts; the daily routines and free time. During this free time it is our responsibility as child care workers to implement activities that have the potential of being therapeutic to the children. Activities are one of the key tools that enable us to direct the children back into the community. Many of our children lack the skills necessary to use their free time in a way that will prove to be beneficial. In the community; peer interacting, responsibility, fair play, and physical growth are all developed through participation in activities. These as well as other benefits gained through participation are later transferred into our adult behavior patterns. "Activities may also be used as disgnostic tools to assess not only individual children, but also group structure and decision making." (Trieschman, et al, 1969, p. 102). During activity participation, we are able to see a child in his/her most state. This may enable us to see significant problems that isolate them from community life. As child care workers,we must provide carefully planned programs to meet the needs of our children.

Activity programming may be broken down into four major steps. These include assessment, planning, implementation, and evaluation. (O'Morrow, 1976, pp. 178-201). Each of these steps are of equal importance if the activities offered are to be of continuing value. The assessment of a child or of a group of children includes the gathering of pertinent information leading to the identification of major problems. Through observation, verbal communication, and past records we are able to pinpoint specific areas that need change. Once the information is gathered we need to identify these areas so we have something to work towards. The Short From Activity Analysis used in conjunction with the Individual Assessment Form is one method of assessing activities and children. Assessment is the first step, but it is also a continuing process. As time goes by we will identify new problems and eliminate old ones.

When we have identified the needs of the children (both individual ang group needs) we must plan. Planning the activities to be presented is important to both the children and the staff. In order to meet the needs of the children we must set goals and plan activities that will best meet those goals. This takes matching the needs of the children with the qualities of an activity. Every activity has within it, inherent "by-products." (Murphy, 1975, p. 74). It is our responsibility to identify these and then match them as closely as possible with the needs of our children.

Planning is important to the child care worker because it offers them assurance of things to come. If we plán ahead, there is always enough time to check for needed equipment and supplies. Have you ever decided on a last minute ball game only to find the balls are missing? Planning ahead also allows time to double check the rules of a game or the instructions to an art project. How many times have we been acught in the middle of a game with a questionable rule? Having the knowledge of an activity allows ofan activity allows us to give the necessary support to the children we are dealing with.

Locating and organizing activities is a major task in the area of planning. There are several ways to go about collecting a variety of activities. The library holds a wide array of children's activities, from arts and crafts to games. The children we work with also prove to be a good source of new ideas. Involving them in the planning process often insures greater participation in future activities. We all have areas we specialize in, and sharing these with those we work with will widen the variety of activities we offer to the children. As we accumulate ideas and activities we can organize them into a filing system. Keeping activities on file will not only assure availablity for later dates, but will provide ideas useful to all staff members. To aid in the organizational process, activities may be divided into eleven categories. These include: arts and crafts, drama, dance, outdoor activities, mental and linguistics, hobbies, mucis, service activities, games, social recreation and special events.

When the planning phase is completed we are able to present the activities to the children. We must not only be teachers in this process, but role models as well. Through our participation, children are often able to identify the behaviors expected. Often children refuse to participate in activities because they see them as babyish. If we as adults, demonstrate our enthusiasm through participation, it may encourage them to do the same. Activities may also be used as a tool for communication. Participation is often a form of communication by itself. It enables you to accept the children where they are, appreciating their special interests and talents. The child, in turn, is able to see you as human, able to have fun and enjoy the same things they do. When running the activity the following points are important to remember:

- Use transitions in and out of all activities
- Don't force participation
- Participate, if you can
- Pinpoint problems early
  Be prepared for a flop
- Get into position to be seen and heard by the entire group
- Have all material and equipment organized and ready
- Use your own enthusiasm
- Keep instructions clear and brief
- Allow time for questions
- When possible, use the kids ideas
- Stop at the height of enthusiasm

Evaluation should be continously carried out in three main areas. The first is yourself. Child care workers must evaluate themselves in terms of their activity leadership and their relationships with the children. Evaluations of the group and individual children must be completed to determine if their needs are being met. The activities must also be evaluated. Often activities may prove to be inappropriate for the group of children you are dealing with. Evaluation is an important process that should not be overlooked. Often progress notes and evaluation froms aid in the facilitation of this process.

In conclusion, I speak to the need of each and every child care worker to continue training in the area of activity programming. Often we lack the creativity necessary to provide a well rounded program. It's not that we don't have the creativity but we haven't learned how to use it. Variety in programming is a key motivational factor for both the children and ourselves. Maybe part of the reason child care workers "burn out" is due to the fact that each day is somewhat repetitious. For example, a child care worker comes in at twc o'clock, greets the children, holds a cleanup time, plays kickball with the group, has dinner, watches TV, and sends the children off to bed. Imagine doing this five days in a row, week after week. This may be somewhat exaggerated for some, but often the variety isn't too much greater. Variety often creates theenthusiasm both we and the children need for a beneficial program. Through continuing education we are also able to gain a greater knowledge and understanding of the leisure time process. As professionals, we must be able to demonstrate and explain our specialized skills and abilities. Increased education in the area of activity programming is an important part of this process.

SUPERVISION THROUGH COMMUNICATION AND EVALUATION

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Supervision is viewed as a process of mutual growth on the part of the supervisor and the supervisee. This process is based on principles of adult education and a developmental model of learning. The principles which govern adult learning, enumerated by Knowles (1970; 1973), are determined by four characteristics which differentiate adults from children in the learning process: (1) adults are self-directed whereas children have learning imposed upon them; (2) adults have much more experience upon which to draw; (3) adults are more ready to learn often determines their ability to support hemselves; and (4) adults have a problem-centered approach to learning.

While not synonymous with education, supervision is a type of education which seeks to maximize the potentialities of the supervisee within the parameters of the job or position as defined by the organization. Supervision, while affording immediacy of application, the opportunity to draw on the experience of the supervisee, and the supervisee's presumed willingness to learn, does not allow supervisees unlimited latitude in selecting what will be learned. The area of learning will largely be determined by the needs of the organization and the expectations inherent in organizational roles. The organization has goals and objectives which it must attain if it is to be effective and survive. Supervisees are not completely free to choose what they will learn. This is determined by the organizational demands of role, and supervision must be geared toward learning which makes supervisees "fit, qualified, or proficient" for their organizational roles. It is the role of the supervisor, in part, to see to it that these organizational needs are being met. It is within this framework of organizational needs that supervisees will be evaluated.

Although supervision is more specific and focused than simple "learning," and is defined primarily within organizational constraints, it nevertheless, since it purports to serve adults, ought to be shaped by the general principles of adult education. It cannot ignore the varied levels of competency and different needs-dispostions of supervisees. What Bergevin (1970) says of adult education also applies to the process of supervision:

> An effective program of adult education should consider the needs and related interests of the adult learner and attempt to discover and meet his real needs as well as the needs of his social order.

In order to facilitate growth which meets the needs of both the individual and the organization, supervisors must create a special kind of relationship with supervisees. Real learning takes place when individuals change their behavior (hopefully for the better) through reflection, evaluation, and integration of their present experience with previous experience. This process requires accurate, two-way communication. Experience must be shared by both supervisor and supervisee. Potentially growthful experiences occur not only in working with children, but also in the supervisory relationship itself. This relationship must be based on mutual trust, respect, and open communication. Moses and Hardin (1978) indentify two sets of conditions in a growth-producing supervisory relationship: (1) facilitative, which promotes the supervisor's understanding of the supervisee and the supervisee's own self understanding; and (2) action-oriented, which leads to change and growth. Elements of these two conditions are, respectively: (1) respect, empathy and concreteness; and (2) genuineness, confrontation and immediacy. The response of the supervisor to disclosures made by the supervisee can either detract from or add to mutual growth. Detractive responses tend to negate the feelings and/or experiences of the supervisee. Additive responses express an empathic understanding which helps the supervisee find greater meaning and avenues for growth in his/her experiences. These responses take the form of four possible supervisor interventions: consultation, counseling, training, and instruction.

This model of supervision is complimented by the Helper/Trainer Model of Egan (1975). This is comprised of three stages. Stage I - Consists of helper response and client self-exploration. This stage establishes a relationship in order to explore a problem. It requires empathy, genuiness, respect and concreteness on the part of the supervisor. Stage II - Seeks to develop an integrative self-understanding on the part of the supervisee, and requires mutuality, advanced empathy, self-disclosure, confrontation and direct, mutual talk from the supervisor. Stage III - Seeks to develop action programs for the supervisee's professional (and personal) growth, and requires of the supervisor some awareness of principles of behavior change/maintenance, problem-solving methodology, and forcefield analysis.

Because organizational constraints, sound learning principles, demand it, supervision includes an evaluative component. As with the learning process itself, evaluation must take into account the needs and self-direction of the supervisee as well as the needs of the organization and the demands of the role of the supervisee. Viewed in this perspective, evaluation involves both the supervisor and the supervisee. The supervisee will be evaluated within the parameters of organizational constraints, but, consistent with the principles of adult learning and growth, the supervisee ought to be able to goals for professional growth which stem from his/her needs, interests and abilities. Periodic evaluation of the supervisee would be done in light of these mutually agreed upon goals. It would be done by both the supervisor and the supervisee. Responsibility for goal attainment then becomes primarily the responsibility of the supervisee.

The workshop presented at the Conference used communication, feedback and goal-setting exercise in order to familiarize participants with the models and process of supervision presented above.

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OBSERVATION AND RECORDING

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Child care workers are responsible for collecting important data regarding the behavior of children assigned to their care through observing them in various situations at different times during the day. This data, once recorded, ehlps to identify a child's strengths as well as areas where behavioral change is necessary for the child to function on a more optimum level. Assessment of this data helps the child care team set appropriate goals and from these goald develop an individualized program plan. Data collection and recording procedures, leading towards an individual program plan, normally occur according to the following steps:

- Identification of child's strengths and weaknesses
- Identification of problem areas, indicating priority and sequence of remediation
- Determination of child's present level of functioning related to desired level of functioning
- Development of long term goals and short term objectives for behavioral change
- Documenting intervention strategies
- Finalizing program plans
- Evaluating program effectiveness and behavioral change

Data collection is an on-going task of the child care worker. Behavioral change must be evaluated and new goals and/or new program plans developed accordingly. A child's behavior may reflect not only his own internal problems but problems in the physical environment (i.e.: not enough space for the number of children) or problems in the care-giver child relationship. Good data collection techniques also provide a communication tool so that all members of the child care team can benefit from the child care worker's observations and insights into an individual child's behavior.

A child care worker can only be effective in collecting needed data if he/she is skilled in observing and recording behavior. Skills include:

- Knowledge of child development
- Knowledge of cultural norms
- Ability to be objective and describe rather than evaluate behavior
- Ability to describe behavior in measurable terms so objective evaluation is possible

- Understanding of ones own value system and feelings about a child minimizing the potential for these values and feelings to cloud perceptions
- The ability to stay focused
- The ability to record only pertinent data
- The ability to make inferences about behavior
- The ability to take into account the constraints of a particular situation which limits the potential of what behaviors can occur.

Because there are so many things to observe when we look at an individual, choices must be made so observations are focused and the observer does not become overwhelmed with irrelevant stimuli. Objectivity is further insured if observations are made at different times during a day. Certain times of the day, for example, right before meals, an individual's behavior might change and therefore not be characteristic of his or her general overall functioning. Children may respond differently to different kinds of activities. The observer is also affected by time of day as well as feelings about an activity and his or her own personal concerns. Behavior should be observed over a period of time since individuals may be inconsistent in their response to situations in the enviornment. These inconsistencies often times prohibit the observer from obtaining a clear picture of behavioral norms. To access behavior accurately it is imperative that a pattern of behavior be established.

To help focus observations, various recording tools may be used. Included are:

- Frequency charts which describe how often a beahvior occurs
- Behavior check lists
- Cause and effect charts
- Anecdotal records
- Task sheets
- Daily logs for charting behavioral pattersn
- Social interaction charts
- Child's progress reports
- Cameras
- Movie Projectors
- Tape recorders and video tapes

These types of records should be sued to collect data for purposes of presenting an objective picture of the child's behavior as well as to indicate progress. All observations must be recorded in operationally defined, measurable terms if the child care worker is to communicate his data accurately and if behavioral change is to be evaluated.

The particular data collection tool ro tools should be chosen on the basis of:

- The focus of the observation
- The ease of use in a particular situation
- Who else will need to use the record
- The evaluation procedure

Confidentiality must be considered in terms of where records will be kept, as well as who will have access to them. Appropriate recording should be a support toa child care worker in terms of effective planning for evaluation of behavioral change in children. Choosing the appropriate data collection tool may save the worker considerable time, allowing more time for direct work with the child (i.e.: using a frequency chart in placeof a lengthy report to record the same data).

When assessing data obtained from objective observation and recording, the child care worker should consider the following questions:

- Is there enough data to support inferences and draw conclusions?
- Would another observer arrive at the same conclusion?
- Is there sufficient understanding of behavior to determine if a particular behavior is represen-ative of a feeling state or level of functioning?
- Are more observations necessary?

- Is it necessary to obtain input from others who have different expertise to explain or clarify observations?

TRANSPERSONAL COMMUNICATION SKILLS
FOR
RESIDENTIAL CHILD CARE WORKERS

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ABSTRACT:

The purpose of this workshop was to acquaint participants with social communication theory, particularly those areas applicable to residential child care, and to elucidate the meaning and significance of transpersonal communication aspects of residential child care. The workshop was highly participant centered. Through facilitator presentations, participant role playing, structured group experience, and subsequent discussions, communication dynamics in residential care were examined.

Professionalism is a frequently used word, often with deep feeling in child care circles. The search for the meaningfulness and society's acceptance of child care work as a profession has brought responses from any diverse sources and disciplines.

This workshop introduced a variation on eclectic conceptual frameworks from an interdisciplinary perspective. By integrating the insights from research and work done in child care and other disciplines, the actual communication that occurs in pragmatic residential child care situations was examined. Bateson and Ruesch (1968) have stated that communication is the only scientific model wich enables us to explain physical, intrapersonal, interpersonal, and cultural aspects of events within one system. This statement led to the futher examination of communication in a holistic, "social matrix," approach to communication, given the term "transpersonal."

The term "transpersonal" may be elusive; Tart's (1975) definition of "Transpersonal Psychology" has been descriptive of transpersonal communication in part, but did not convey adequately the meaningfulness intended for the communication that occur in the context of residential child care.

As used in this study, transpersonal communication is a descriptive term that focuses on the total process of actual living situations in residential care units. Transpersonal communication includes: the interrelatedness of the factors of simultaneity ("everything-at-once" feeling), multiplicity ("cross-fire-hail-of-bullets" feeling), and the synergism of simultaneity and multiplicity in the total residence interactions. Transpersonal differs from interpersonal communication in that interpersonal communication theory has in general focused on dyadic aspects of human interaction. Transpersonal communication is holistic in its perspective.

It is hypothesized that the total synergism experienced approaches being inexpressible to one who has not personally experienced the synergism.

Transpersonal communication implies that the Child Care Practitioner is a communication processor. Scott and Powers (1978) have stated that in any given group of seven, 966 possible lines of influence between members can exist in any given moment. The amount of information which the practitioner must deal with becomes quite great; in other words, the practitioner is a processor of a wide range of types of information (stimuli), and a great amount of information (stimuli). The practitioner processes continually cultural, sub-cultural, behavioral, pathological, group/sub-group typical, and institutional types of information. The information is verbal (oral/written), nonverbal (proxemic, kinesic, facial, sentic, etc.), and paraverbal in nature--invariably a mixture of the three.

Child care processors find themselves part of -- yet simultaneously detached from -- a complex maze of interactions. If is further hypotesized that specific transpersonal communication processes are in constant motion within the living residential child care setting. A few key processes were selected for workshop participant interaction and discussion:

1. "Loop Effect" -- a type of transference- countertransference-transference effect, only expanded to include transpersona ambiance. (detailed elaboration is beyond the scope of this period.)

2. "Sequences and Webs" -- drawing from the works of Haley (1976), Bateson (1968), and from the facilitator's own intercultural communication background, a number of themes were explored: a) spontaneously recurring child-centered sequences, b) deliberately constructed recurring sequences (of Child Care Practitioner orgin), c) "Snowballing" sequences (viz., negative loop effect, angry worker's sequence (worker originated), angry youth sequence, and physical involvement sequence, d) Institutional webs and sequences, e) occasional intermediate information overload for child care Practitioner, and, f) Modes of "microcosmic mentality" sequence, also called "tunnel vision/cottage vision."

Standard communication theory relevant to the study of communicator style variables was presented. The focus was on applications to on-line work.

The importance to child care practice of any examination at the cognitive level is that it be somehow used. The topics of "Functional Transpersonal Communication", "Coping for Child Care Practitioners", "Seeking Identification of Transaction Processes", "Off-Job Coping Enhancers", and "Generalized Anger and the Child Care Practitioner" were discussed.

CLOSURE

In the Conference brochure's discussion of "theme" (p. 2), Dr. Vanderven's stated that child care practice, built on a system of self-reference and personal style, is slowly giving way to solid treatment approaches and good practices. It has been an aim in my work with transpersonal communication ideas and skills to go from just that "system of self-reference" to a professional expression which may draw from "common sense", but more clearly articulates those common sense experiences, and enhances objectifying in essence aiming at a better understanding of the larger processes at work within one's personal experiences. Fom this, the child care practitioner may move to a state of affairs where "good practice and professionalism" are the norm -- not something we just strive for.

REACHING AND TEACHING THE SEVERELY DEFICIENT CHILD: AN APPROACH FOR PARENTS AND PROFESSIONALS

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The goal of this workshop was to present to participants, in a condensed way, the writings of Dr. Martin Kozoff, in which he details specific procedures for teaching children with severe deficits in the play, self-help, social and language skills areas. The procedures developed by Dr. Kozoff's procedures systematically train parents to become co-therapists in the treatment of their child. The specifics of Dr. Kozoff's work was presented, in this workshop, in the following way.

The first content area focused on reviewing systematically, existing theories for treating children with severe skill deficits. Theories that fall under the rubic of the Medical Model were presented, with discussion of psycogenic and biogenic approaches in some detail. In contrast to the theories in the Medical Model, the operanx conditioning and social exchange approaches, both falling under the Behavioral Model, were presented and discussed. Contrasts were drawn between various elements falling under the Medical or Behavioral Models of treatment, such as belief concerning exiology, as well as belief concerning focus for treatment intervention.

The techniques for treatment developed by Dr. Kozoff are founded on the principles of operanx conditioning, so that much time in this section of the workshop was devoted to the presentation, through examples, of the basic tenents of operanx conditioning. Following this in-depth look at the principles of operant conditioning, social exchange theory, the foundation for Dr. Kozoff's procedures, was presented and discussed. Highlighted in the discussion of social exchange theory was the tenent that the behavior of parents and of their child is reciprocally controlled by the pattern of structured behavioral exchanges that the parents and their child have developed with each other. This view of patterned, structured exchanges as reciprocally controlled eliminates the possibility that parents are to be blamed for their child's present behavior. This elimination of blame from the parents is a key point in the writings of Dr. Kozloff and was presented as a key to enabling child care workers attempting to elicit parental involvement in treatment.

The second content area of this workshop dealt with defining key concepts that needed to be understood so that they could become operationalized in the implementation of specific techniques. The structure utilized in the task of defining key concepts focused on answering the following four questions:

1. What is behavior?
2. In what ways can behavior change?
3. How do people learn?
4) What are rewards?

The answers to these four questions were presented from Dr. Kozloff's book, Educating Children with Learning and Behavior Problems. Briefly, the answers presented in this workshop were:

First, behavior is movement. Further refining the definition, behavior is movement of the body, both verbal and physical, that can be seen, heard, and consequently, counted and recorded. In the discussion of the definition of the term behavior, the importance of observing and recording behavior accurately, so that progress can be measured and documented, was stressed.

Secondly, the possible ways in which behavior can change were defined in four ways: that the behavior can be performed with increased skill, that the performance of the behavior can increase in duration and/or frequency, that the performance of the behavior can be and, lastly, that the performance of the behavior can occur at specified times and/or places.

Thirdly, three elements in how people learn were discussed including the belief that people learn a new skill best in small, logical, sequential steps, that people repeat behaviors that reward of reinforce their performance and people do not repeat behaviors that are ignored or punished (at this point in this workshop, the principles of operanx conditioning were re-introduced), and, lastly, that in teaching, the primary focus of the teacher, defined for this workshop as the parent or child care worker, should be on replacing unacceptable, dysfunctional behavior with competence in a functional, acceptable skill area.

Fourthly, rewards were broken down into the two easic categories of primary and learned reqards. Elements of the enviroment that are rewarding at birth, including food, when we are hungry, drink, when we are thristy excape from discomfort and pain were defined as primary rewards. Learned rewards were further refined into social, general and activity reward categories. In the discussion of rewards, the concept of satiation was presented, as was the tenents of the Premack Principle (or Grandma's Law, os named by Dr. Kozoff. Also, covered in this workshop section on rewards was discussion concerning theuse of various reward schedules, as well as discussion the concepts of prompting, shaping and chaining behaviors. Lastly, in this section discussion centered on various techniques for identifying rewards, including the use of a reward menu.

Once the definition of key concepts was complete, the focus of this workshop moved on to acquainting the participants with the specific tools developed by Dr. Kozoff that enable the teacher (parent or child care worker) to behaviorally define the skills that a child needs to develop and that allow the teacher (parent or child care worker) to be aware of the proper sequence for teaching the skills that have been identified. The tools distributed and discussed in this workshop included Dr. Kozoff's Behavior Evaluation Scale, Basic Behavior Chart and Plan for Teaching Program form.

Dr. Kozoff's Behavior Evaluation Scale is an assessment tool. The results of the Behavior Evaluation Scale provides the teacher (parent or child care worker) with a picture of the child's competence in six skill areas, defined as learning readiness, looking, listening and moving, motor imitation, verbal imitation, functional speech and chores and self-help. The Behavior Evaluation Scale is designed so that the skills in each of the six skill areas are presented in logical, sequential steps and the questioons asked on the Behavior Evaluation Scale in relation to each skill area, identifies the type of change that needs to occur.

The Basic Behavior Chart reflects Dr. Kozoff's belief that as a child attempts to master skills in the more complex skill areas, a child must first possess the skills basic to the performance of more detailed, difficult behavior. The Basic Behavior Chart details the basic behaviors for each of the six skill areas that a child must possess to either move to a more complex skill in the same skill area or that a child must possess in order to move to a new level of complexity.

The Plan for Teaching Program form requires that the teacher (parent or child care worker) have in writing, before beginning work with a child, the entire outline for their teaching program including such key factors as the rewards and reward schedules to be sued, the length of the teaching sessions, the behaviors to be regarded outside of teaching sessions and more.

After this presentation and discussion of the tools that structure the teaching session, this workshop focused on two last issues, namely how to handle problems that frequently arise in executing a teaching program and lastly, how to more directly intervent to decrease problem behavior when it has been determined by the teacher (parent or child care worker) that the occurence of the problem behavior is preventing learning. The more direct methods of intervening to decrease problem behaviors discussed in this workshop returned participants to the concepts of social exchange theory in an effort to determine the signals and consequences potentially controlling the occurence of a particular problem behavior. Awareness of what maybe controlling the occurence of a problem behavior provides a basis for the teacher (parent or child care worker) from which to chose an intervention. The more direct methods of intervention for problem behaviors discussed included, ignoring, time-out, negative practice, positive practice, satiation and behavior cost.

The discussion of decreasing problem behaviors completed the content to be covered in this workshop. For specific detail on "how to" teach a particular skill and for a programmed, systematic presentation of the material discussed, the participants were referred to the writings of Dr. Martin Kozloff, particularly his books *Educating Children with Learning and Behavior Problems* and *Reaching the Autistic Child*.

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EFFECTIVE SUPERVISION

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The contents of this workshop were adapted from several sources including ADVENTURES IN ATTITUDES, a workshop presented by Ed. Chapman, "Supervision Can Be Effective and Efficient," a paper by Francis Duffy, Jr., and the presenter's personal experience of supervision.

The workshop began with a series of questions, giving the participants time to reflect on their own experiences as supervisors. Questions dealt with their reasons for being supervisors, the image they wanted to project to their workers, their various duties, and their strengths and weaknesses.

The basis premise upon which the workshop was built is that satisfaction in role expectations and personality needs leads to efficiency and effectiveness in behavior and in job performance. (Francis Duffy, Jr.)

The exercises were directed at helping the supervisors to realize their own satisfaction and then act as enablers to guide those under them in the same way.

A diagram of Maslow's hierarchy of needs was used to explore the relationship between personality needs and role expectations. The lower level of needs: survival, security, and social needs were compared with the lower level of job conditions: relationships with peers, salary, good supervision. job security, working conditions, status. The higher needs: pride and selffulfillment were related to the motivational factors of advancement. responsibility, the work itself, recognition, and achievement.

The following job expectations were discussed at length: motivatio delegation, problems, training, performance, planning, time, ideas, team work, and communication. The supervisor's role includes all of the above as does the child care worker's role. The discussion centered around how these two distinct positions complement,support, and encourage one another, or at least how they could do this. Such an interrelationship provides for better care of the children and greater satisfaction for both supervisor and child care worker.

The second half of the workshop dealt with personal growth. The participants were asked to list 10 qualities of effective supervisors and then prioritize them. Discussion centered around the dynamics of positive and negative attitudes; how various attitudes are activated, the attitude in action (personality), and its resultant effect on the individual. The importance of stressing the development of positive attitudes among child care staff and supervisors cannot be over-emphasized. These certainly carry over to the children and can make or break a therapeutic situation. "He's not courteous. He pushes me around. Why do I have to be polite?"

Finally, a personal effectiveness evaluation was given which offered the participants an opportunity to see how they themselves function effectively on a scale of 1 to 100 (100 being most effective). It provided a suggestion for continuous self-evaluation by staff and supervisor.

SELF-REALIZATION

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CONTENT:

This is an experiential workshop involving the participants in exercises designed to increase self-awareness. The goal is to develop greater sensitivity in the areas of trust; non-verbal communication; planning and decision making;assertiveness versus aggression; and will teach a technique for stress reduction and self-awareness involving the bio-feedback system.

In order to do an effective professional job, it is urgently necessary that child care workers become fully aware of their own feelings and the methods they use to cope. Frequently, child care workers feel important to change what they feel are unsatisfactory policies and working conditions, and fall into the trap of regarding themselves as powerless. This inevitably leads to martyrdom, which is a cop-out that professional child care workers must drip in the 1980's. We have to grow up, which is, as everyone knows, a rather painful process!

> The first step in Self-Realization is to recognize that in fact, we have all the powers we need. We always have had it but we have not always developed the sensitivity or the skills to use it appropriately.
>
> The second step is to recognize that the target is YOU. You must know everything there is to know about your hangups; your options; your skills or lack of them; stop blaming yourself. Just start to work on increased self-awareness. You will be surprised how many things start to happen, both internally and externally, when you finally begin to be fair to yourself.
>
> The third step is to get rid of your GUILT. Saying "I don't have time" is a cop-out. We all have twenty-four hours a day. You have a responsibility to put yourself and your needs first for part of each and every day. This takes self-discipline, and only practice makes perfect. But, start now. You have the right and the responsibility to take time out for yourself. We willingly give the kids time out to get their heads together. You can be a more effective worker, more able to help, if you do the same thing for yourself.

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EXERCISE I

THE BLIND WALK

We tell kids to trust us. See what kind of feelings you have as we ask you now to trust your safety and welfare to a stranger in this workshop. (Participants take partners). One is "blind," the other the guide. They walk anywhere for three minutes. Leader then calls "time." The partners change roles. At the end of this session feedback is given, and related to work with children. All feelings are accepted; as are judgements on who was a good guide, and why. Expecting children to move too fast in trusting us is the focus.

EXERCISE II

ONE STEP AT A TIME

All participants are told they can take a walk of twenty steps. They cannot talk. They can communicate in any way they choose. They can move in any direction. They must take a look around to see where they are. The leader controls the timing by saying "Take another step." At the fifteenth step, participants are to decide where they want to end up in the room on the 20th step.

This exercise is run twice. At the end of each session, feedback is given. Did many people reach their destination? How well did the participants read non-verbal communication? Did anyone get touched who did not want to be touched? What did you do if someone got in your way? Did you stay on the outside? Were you more comfortable there? How did you feel in the middle of the crush? How realistically did you plan your goal? Again, all feelings and comments are accepted and related to work with children. How well, and how consciously, do we use our work environments?

EXERCISE III

RELAXING EXERCISE

Leader - "Self-awareness means listening to our bodies as well as our minds. This exercise takes twenty minutes: It is recommended that you do it twice a day, at any hour convenient to you and your life style. It is clear from the research of Mattingly and others, that burnout and stress rates in child care are too high. This is something you can do for yourself. As with all the material in this workshop, if you find it meaningful to you, benefit from it." This is your time for YOU." Participants are given a demonstration of the exercise, which is a twenty minute meditation setting in a hard chair. They are told to choose any image, place name, face, that causes them to feel peaceful. They will try to keep that in their minds. They can take their chair to any location. They are asked to sit in the chair, becoming aware that their feet are on the ground; buttocks on seat, bakc on back, and touching their hands to the heads, consciously try to relax muscles, joints, throughout the whole body, letting tension flow from fingertips and toes. They are reassured that they will (a) not go to sleep and fall off the chair. (b) The loud sound they hear is their heart: they should not worry. It is always working, usually they are not listening.

The participants are told that they should close their eyes, take one or two deep breaths, and go on an inner journey anywhere they wish. In twenty minutes the leader will quietly say the time is up. They should come bakc from the trip as slowly and comfortably as they wish. They should open their eyes when they wish to signify that they are back.

They will hear noises of life going on around them. These can be incorporated, or ignored where possible. This is an exercise which is done anywhere one has a chair, anytime one needs to do it. Child care workers cannot all go to mountain tops in India. We must help ourselves where and when we can.

Feedback is given by participants who wish to share their experience with others.

CREDIT

Most of the material in this workshop was originally demonstrated at a Title XX Child Care Training Workshop under the sponsorship of SUNY Stonybrook in May 1978, under the leadership of Dr. Howard Polsky. Dr. Polsky's materials may also be obtained from "Realizations Inc."

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AN AFTER-SCHOOL ACTIVITY CLUB PROGRAM

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This workshop is a presentation of the Walker after-school club program. A 30 minute film made by the Child Care staff at Walker will help to illustrate the program. A brief presentation will be made of the principle ideas contained in an article describing this program. This article is scheduled to be published in Child Care Quarterly in the near future. Time will also be set aside for participants to share how their agencies have utilized the after-school hours.

If one were to define after school hours as the time/space between school and home, then it would fit more clearly into what could be called a "transition-period." Bettleheim (1950) as well as Redl and Wineman (1952) have sufficiently underlined that these unstructured in between times are particularly troublesome for children with ego deficiencies. Anyone with experience in a treatment milieu can easily verify this point.

A gap clearly exists between the needs of special children during the after school hours and the communities and institutions' abilities to meet these needs. Mayer, Richaman, and Balcerzak (1977) in their comprehsive review of group care in North America have listed the need for recreational programs and facilities for children experiencing socialization difficulties as one of those services needed by each community to form a continuum of services. The after school activity club program described here attempts to address this problem.

The school year is divided into two five-month semesters; September to January, and February to June. (Summer programming follows a special camp model with some academic work included). At the beginning of each semester, every child is offered a brochure made up by the child care department listing the available clubs, the leaders' names, and a brief description of each club's goals or activities.

The following are examples of clubs offered over the past several years: skating, swimming, leather working, model making, adventures, camera, cooking and movie making.

The child then is assigned to two of these clubs based on: 1) his own selections; 2) input from the child's treatment team (child care worker, teacher, therapist, family worker); and 3) group composition factors. Enrollment in the clubs is limited to the one adult to four children ratio guideline.

The after school club program exists Monday through Wednesday from 2:30 to 4:15 p.m. Each child participates in two clubs weekly and has a free choice activity on the third "non-club" day. Free choice activities are a collection of regularly offered choices and special in-season activities.

All child care workers (day and evening shifts) participate in the after school program. Most typically a full-time worker to run a free choice activity once weekly, and to work in the resident (or day student) programs on Thursday.

Staff members from other departments are encouraged to participate in the club program. This follows closely the agency's philosophy of facilitating departmental overlap.

Benefits of this Program for Children

The main benefits of this club program for children are: a fun and enjoyable recreational program; an increase in self-esteem; and an increase in relationship-building skills.

Value of the Program to the Agency

One of the advantages of this model for after school programming is that it clearly helps to bring out the resources and talents of staff members while allowing for a fairer distribution of their talents.

The formal structure of this recreational program has helped to bring out the teaching aspects of the child care worker's role.

From the child's perspective, the child care is more valued when viewed as a teacher with expertise in a particular skill.

The club program has provided the agency with an ideal format for the training of mental health professionals. Interns and student trainees from the fields of social work, education, psychology, psychiatry, and child care have learned group work skills in the club program.

The club program has also helped provide the agency with a good channel for volunteer requests.

Volunteers, interns, and staff members from other departments are often trained in group work by the child care worker, further helping to add dignity and status to the child care worker's role.

CONCLUSION

We have described how an after school activity club program has become an important component of the overall treatment milieu at the Walker School. Some details of implementation, some advantages to the children and to the agency have been addressed. Other age groups, other setting, or other levels of handicapping or disturbance would, of course, necessitate variation in this model. A dialogue on these variations would benefit the entire field of child care.

It is important to underline the role of child care. Much of the impetus for activity programs is left to the child care worker. If his or her job is not to be only stopping and preventing behavior (keeping bad things from happening - a negative agenda), some form of positive program needs to be implemented. At Walker we believe that fun, skill building, and competence development through our club program offer child care a clear positve agenda.

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DEVELOPING HEALTH AND SEX EDUCATION FOR DISTURBED CHILDREN

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Precis of Workshop Content

The constructive management of children's behaviors and questions related to sexuality is difficult; this is especially true in dealing with emotionally disturbed children. A variety of techniques for dealing with sexuality in children have been evolved. These include:

(a) suppression/limit-setting
(b) Life-space interviews regarding appropriate vs. inappropriate behavior
(c) emphasis on exploration of the child's underlying feelings
(d) structuring the milieu to reduce sexual acting-out
(e) focusing on and dealing with the aggressive content of sexual gestures and words
(f) developing educational programs aimed at helping children learn about various aspects of sexuality

Certain of the techniques are more therapeutic than others, and it is, of course, important to consider how and when they are used.

Educational programs aimed at teaching about sexuality within the context of overall health education represent a direct and constructive approach to the issues of sexual acting-out and sexual curiosity among disturbed children. Child care workers can and should have an active role in developing and implementing such programs. Since child care workers often deal with children in treatment directly and over long periods of time, children often feel more comfortable discussing concerns about their bodies and sexuality with child care workers. Nurses, pediatricians and psychiatrists can serve as consultants to child care workers in their attempts to establish health education programs.

A useful approach to health education with disturbed school-age children, which has been successfully utilized in residential treatment settings, involves a life-cycle framework. Highlights of this framework are:

Infancy: dependency, feeding (breast and bottle), awareness of the world through five senses

Toddlerhood: development of motor skills

School-Age: nutrition, illness and health care, medication vs. "street" drugs, personal hygiene, developing sexuality, and masturbation

Adolescence: puberty and bodily changes, sexual behavior and personal integrity

Young Adulthood: birth control, pregnancy, social and personal responsibilities of parenthood

Middle-Age: families, jobs, bodily changes and menopause

Old-Age: Grandparent roles, bodily changes and dealth.

The identification of available role models in each stage, self-paced learning for each child, and the use of homework to facilitate the involvement of many staff members are key concepts in the program.

The program can be adapted for use with adolescents. A group discussion format is advisable, emphasizing the consideration of feelings and attitudes. Two possible exercises to facilitate adolescent group process and learning are:

a) "A Man Is...", as demonstrated with the group this exercise promotes the examination of sexual stereotypes and biases by each adolescent.
b) Alligator River Story, as demonstrated with the group this exercise promotes the consideration by adolescents of personal values related to sexuality.

Pitfalls in developing health education programs with disturbed children include administrative resistance, parental resistance and sabotage by fellow child care workers. Regarding each of these problem areas, the groups involved must be openly and directly negotiated with prior to program implementation if a health education effort is to be successful.

NOTE

A more extensive bibliography, including books for use with handicapped children, parents groups, etc, and audio-visual references is available upon request from the workshop leader).

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DAY CARE STAFF TRAINING AND EVALUATION

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Precis of Workshop

Child care providers generally have limited educational and experiential background for working with young children in day care centers. The National Day Care Study findings indicate that the average child care provider has 13 years of education, 9 months of previous day care experience, and 2 1/2 years of day care experience at their current center. The National Day Care Study findings also indicate that participation in specialized training is related to greater child cooperation and involvement in activities. Further, children in centers where all providers have child related training have a 25% advantage in growth rate, as measured on the Preschool Inventory, over children in centers where no providers have such training. Based on the limited pre-service training experiences and the National Day Care findings that specialized training does have implications for children, specialized child related inservice training programs are needed.

The Georgia State University (G.S.U.) Day Care Staff Training Project has a Title XX training contract wit the State Department of Human Resources to provide training for Title XX child care providers in Metropolitan Atlanta. The G.S.U.. Training Program will be described in terms of its role as an intervention agent, the training content, the delivery process for training, and the evaluation design.

Because the G.S.U Project Training Advisors are not employed by the day care centers themselves, they assume a role of an external intervention agent. In this role the Training Advisor conducts the intensive training workshops at G.S.U and provides on-site support and training. The purpose of intensive training workshops is to prepare Center-based trainers to deliver training in their centers. The Director and child care providers at each center select one or two persons to be Center-based trainers. The Center-based trainers are direct child care providers who are responsible for attending the G.S.U intensive training workshops and then conducting the same training workshops during the same week in their own center. The G.S.U Training Advisor supports and facilitates on-site training and applications through weekly visits to each Title XX Center.

The content of training includes the following child care units: Child Growth and Development, Assessment of Young Children, Curriculum, Interacting with Children, Children with Special Needs, Health, Nutrition, and Safety, Parent Involvement, and Communication skills. The first year of training primarily utilizes the Day Care Enrichment Program, a set of programmed training materials. These materials include concept booklets, media and training manuals. The second year of training utilizes the worksheets, media and books located in the G.S.U Day Care Training Materials Resource Center.

The delivery of training is a continous process of planning, implementation and evaluation for each unit. This process is initated with a knowledge preassessment which is a multiple-choice quiz with items related to the training objectives. The child care training unit is implemented in 3-5 workshops over a month or more. The workshop format is designed to encourage a high degree of participant involvement through activities such as role play, simulation games, brainstorming, debating, dicussions, etc.

Prescribed Implementation Tasks are used to facilitate the application of the child care training content into classroom practices. These tasks relate the content to specific tasks or activities the child care provider is expected to carry out in the classroom. At the completion of each unit the Center-based trainer administers the knowledge quiz to assess the degree of achievement. When weaknesses are identified, Mastery Tasks are identified in order to re-emphasize the child care content. A final conference between the Center-based trainer and each trainee serves to check the mastery of the knowledge and the application of the content.

The evaluation model is a pre/post design including knowledge, performance and reactive evaluation measures. The Child Care Providers Knowledge Test is a comprehensive, multiple-choice objective examination. The development of this test involved multiple administrations and extensive statistical analysis to verify the quality of the test items. The Inventory includes 10 programmatic areas with specific, observable indicators for each area. The observer records whether or not each indicator is observed in the classroom. The Training Evaluation Questionnare addresses the child care provider's reactions to the training content, the training materials, the Center-based trainers' role, the G.S.U. Training Advisor's role, and the evaluation process. The data from all of these evaluation measures are collected before and after training and then carefully analyzed in consideringthe overall effectiveness of the Training Program. Aspects of the Training Program are revised or modified based on this analysis.

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ADMINISTRATIVE RESPONSE TO CRISIS

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Crisis can be a disastrous or strengthening experience. The ancient Chinese work for "crisis" is a compound fo two symbols; the first meaning danger, the second, opportunity. It is hoped that this analysis will help administrators guide their organizations through the dangers of cirsis and towards the opportunity for healthly growth.

The workshop will present a model of administrative response to agency-wide crisis in human service settings. An earlier version of this material was presented in Montreal at the IX International Congress of Workers for Maladjusted Children in April, 1978. In addition, a manuscript has been recently prepared and submitted for publication.

Following the presentation, it is hoped that there will be ample time for the participants of the workshop to share how they have responded to various crises in their agencies

COMMON CRISES IN MENTAL HEALTH SETTINGS

Administrators in human-service agencies can expect to encounter five general types of crises: client-related, staff-related, community related, public agency-related, and those related to natural disasters.

Crisis has been defined as "an upset in a steady state" having the potential for positive exploitation.[14, 16] Theorists advance that crisis follows a farily typical route. While several interesting stage models have been proposed,[3,6,10,14] all agree that crisis has a beginning, a middle and an end.

Some examples of crises commonly experienced in mental health settings are: hospitalization or death of staff or clients, neighborhood resistance to community entrance, funding cutbacks, change in program services, and the energy crisis.

FOUR STAGES OF CRISIS DEVELOPMENT

Four stages of crisis development will be presented, emphasizing some of the particular characteristics of each stage. These stages are: shock, defensive retreat, acknowledgement, and adaptation and change. Fink, Beak and Taddeo have shown the suitability of these concepts as a basis for understanding organizational crisis. This study will demonstrate the usefulness of this model in the analysis of agency-wide crisis in human service organizations.

SHOCK

This initial stage begins when agency members discover some threat to the survival or objectives of the system. The shock period may begin with an immediate reaction to a startling event (e.g. a fire) or it may have a more gradual, less dramatic development (e.g. establishing a group home in the face of community resistance).

DEFENSIVE RETREAT

The defensive-retreat stage is described as a period in which leadership and decision making become highly centralized. This is in sharp contrast to the chaos often associated with the shock period. There is a strong tendency to establish absolute control over the flow of information and to impose a system that reduces the immediate threat.

ACKNOWLEDGEMENT

This stage is characterized by the detailing of the existing problems and the realization that they will have to be dealth with. During this period, people's energies are directed to the tasks which need to be accomplished.

ADAPTATION AND CHANGE

During this stage of resolution, a renewal of the agency's growth process occurs. The organization's ability to handle crisis constructively becomes apparent. Attempts are often made to protect against similar situations. The crisis resolution includes preparation for unavoidable future occurences.

TYPICAL CRISIS REACTIONS

While individuals will react to crisis somewhat differently, this writer has depicted several typical reactions experienced by clients, staff members, and administrators. These are generally associated with particular stages of the crisis. The following reactions are commonly noted during the shock and defensive-retreat stages: panic, denial, and regidity.

The following are typical reactions associated with the acknowledgement and adaptation and change stages of crisis: guilt, intimacy, heroism, exhaustion, and intellectualization.

RECOMMENDED ADMINISTRATIVE RESPONSE

In choosing an effective response, it is important that the administrator have a comprehensive understanding of leadership styles and task organization as applied to crisis situations.

LEADERSHIP STYLE

It is generally agreed that a strong, centralized leadership style is most effective during the initial stages of a crisis. [5,7,17] During the shock and defensive-retreat stages, administrators are urged to assume this type of approach, even if it contrasts sharply with their usual style.

An important aspect of strong leadership at this stage is the administrator's visibility. The mere presence of an authority figure often helps to alleviate staff and client anxiety during this period.

While high visibility and a strong, centralized leadership style are recommended at the early stages of a crisis, a less centralized style seems to be more effective during the final stages.

ORGANIZATION OF TASKS

Once visibility has been established, the administrator needs to concentrate on the tasks to be accomplished. Often these will be connceted to the following issues: "Law and order," information gathering, decision making, information sharing, and closure.

DISCUSSION

Theoretical and practical guidelines have been presented to help administrators deal with crisis. A stage model has served as a basis for discussing typical crisis reactions and recommended administrative response.

It should be noted that agencies which function effectively and smoothly during non-crisis periods are also more capable of positive crisis resolution. The qualities of an organization which are important for day-to-day functioning often become essential during a crisis period.

In conclusion, two general recommendations can be made. The first is that administrators help their agency to take a closer look at its crisis preparedness. This can effectively take place during a non-crisis period as well as during theresolution stages of a crisis.

The second recommendation is to explore ways to share their agency's crisis preparedness and crisis experience. Professional conferences and journals provide a ready medium for this. To be sure, some risk will be involved if administrators are to share the crisis experience outside of their own agency. These risks seem negligible when compared with the opportunity for an agency to be spared another's errors and to profit from their experience.

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SELF-AWARENESS: A KEY TO COPING WITH DIFFICULT BEHAVIORS

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PRECIS OF WORKSHOP CONTENT:

Transference and counter-transference are well-known phenonomena in the context of individual therapy. Thus,it is assumed that the feelings of the patient toward the therapist, and the therapist toward the patient, are not always rationale and appropriate. Rather, feelings and responses can be based on the personality and previous life experiences of both patient and therapist. This knowledge can be applied in the work of all significant adults (for example, child care workers) with emotionally disturbed children.

Child care workers may, often with little awareness, respond to disturbed children as if they were siblings, friends or the child care worker's own children. When this occurs the ability to think clearly and react objectively for the good of the child is decreased. The helping person may instead act based on hiw own needs: if he is angry he may act to hurt or punish the child, if he is feeling pity he may act to resuce the child.

If helping persons, like child care workers, increase knowledge of the "sensitive" areas of their own personality they will be better prepared to deal with children using thoughtful planning rather than emotional responses. "Sensitive" areas are those aspects of feelings and behavior which are particularly upsetting to a person. Dealing with these areas causes one to be overloaded with feeling and often to respond irrationally. Everyone has "sensitive" areas. They are somewhat different for each person, but the majority of people are sensitive to certain areas. Issues of sex, aggression, and personal of physical attributes tend to be "sensitive" areas for most people. Thus attacks on people usually focus on one or several of these areas, for example, calling someone a whore, treatening to kill or "fuck" them, or calling someone "fatty," "nigger," etc.

A child care worker or any helping person can increase his awareness of which areas are particularly upsetting or "sensitive" to him. With this awareness, he will be better able to stop, think, and respond therapeutically when "attacked" by a child's behavior or speech. Specific exercises for increasing self awareness are:

1) Values Allocation Game, as practiced by the group this game focuses on increasing knowledge of those areas of the self that are liked or disliked and understanding why.

2) Committee Decision Exercise, as practiced by the group this exercise focuses on increasing knowledge about what aspects of others cause them to be viewed positively or negatively.

After becoming familiar with these exercises, child care workers can help fellow workers to use them, and can apply them for use with disturbed children, particularly those age ten or older.

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POETRY, CHILD CARE, ZEN

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Some day,
Some day, soon maybe,
Some day I will root up the anchor which keeps my shop far from the sea.

From CLOWN, a prose poem by Henri Michaux

We wrote poetry. We sat still without thinking. We were in child care. This was our workshop. Just this, that's all.

One year ago at the Valley Forge Child Care Conference, following this workshop, eager to unmask fraud, Jack Phelan then President of the New York Association went from person to person at poolside that had attended the session asking " Okay, you were there, just what is Zen Child Care"? Each, in turn, would liik at him, smile, then laugh and finally say "I don't know!" Jack reported his findings to David Austin, Conference Chairman. To this day, neither are sure whether those responses are proof of deception or statements of insight. This year Jack was away in Colorado and David's eye was one year skeptically older. They still don't know.

Zen is simply seeing. It is the permission to open your eyes and see what is right there in front of them. There are no tricks, there is no magic. It is not esoteric, not mystical, not even oriental. It is, nevertheless, the simplest yet the hardest thing you'll ever do in your life, namely, to see what is right there. And here's the catch: to do it without thinking. And so, we practice zen. We watch and we let go. We do what we are doing. Like a clear mirror with no dust clinging to it, our minds reflect the world and others without thoughts or ipinions clinging. In this way we wee what is there and what is not there. We do not worry as the mirror does not worry. Red comes, the mirror whows red. Yellow comes, the mirror shows yellow. The mirror does not worry about what red will think if it is shown itself. Does this sound harsh? Remember this: zen does not establish distinction between subject and object. Red comes, red. Yellow comes, yellow. Other comes, you. By letting go of the distinctions and separations that thinking create, it becomes more and more difficult to see whare you are not. By practicing zen, you practice watching the mind constantly separating and judging this from that. Hard practice begins to deop such thinking. Things begin to become just what they are without comparing, elevating or belittling them. Things and people, then have their own truth, and we reflect that truth to them. We do not do it forthem. We do not make it up. We do not make people over. We do not fashion in our image. A mirror is more compassionate than that. It does not hit and run. It shows and stays. Zen asks us to look at eings with the eyes of compassion. Just seeing. No inside, no outside. You become, because you are, what you see.

Poetry is wording the world with feelings. It is the permission to say what you see from the inside out. The Poet, like the student of zen before him, sees into the heart of what is before him. But the poet must speak what he sees. A poet is one who listens to the internal sound of a thing, a person or a situation, and tells what he hears. We get scared off by what we think poetry to be. Poetry is simpler than that. The poet allows himself to become the other. Like the zen insight, the poet enters directly into the emotion, the person, the place and speaks from within. Each child is a poet. Each adult. Try it.

In the workshop each participant was asked to close their eyee and visualize some object in some setting. They were not to think about the object, they were to become the object. They were asked to just be that object for a few seconds. Then they were asked to look out from within where they were. Finally, each was requested to write two lines describing themselves. The descriptions given were delightful to hear as one by one they "read themselves" to the group. A leaf in a storm; a piece of crushed rock in a rubble; and object in a store window; a tin bell. Others said "I'm a gift/ remembering life" (a fossil shell); "I love the warmth and closeness of being in Shannon's hands./ Only then did I feel needed and loved." (a small stuffed animal); "I feel too still, trying to move but can't./ I only give light and I can't move " (a flame on a candle);"I feel the warm hands hands around me and know that before long/ I'll feel the cold fresh water fill me and refresh you. (a glass); "The streetlight wanders/ around my green edges" (a broken wine bottle).

We also did what is called a collaboration poem. For example, nine people were asked to write oneline each. Each line was to have a distinct focus. The first person was to have a color in their line. The second person, a sound. Third, a touch. The next three, again, color, sound, touch. The final three persons were to begin their lines with; "I feel"; "I used to"; "You must." The tenth person had to write the title of the poen. All this was to be written at the same time and independent of each other.

This is what was written:

Gathering

A cool grey mist softens the morning
The great thunder has been sounded but never arrives
The nice feeling of a baby's touch
Red, vibrant and alive
Tranquil, absolute peace
Warm and soft, comforting
I feel so much joy being with you
I used to be possessed
You must learn tolerance.

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It was written by ten strangers, without knowledge of what the other was writing, yet see how it fits together.
The poet Gary Snyder has written:

The poem
] Is seen from all sides,
Everywhere,
At once
(FROM AS FOR POETS)

We are all, child and adult,poets. Some are reluctant to see that. Wome embarrassed to say what they see. Just do it. Practice doing it. As another poet once said about those who would write but were hesitant:" write; write anything, anywhere, and don't think you're a goodhamn genius."
So, I ask you: what do you say?

Child Care is being-with children in everydayness. It is the permission to be presence without prejudice. The child care worker, like the poet and zen student before thim. is there, sees what is there, says what is there, touches what is there with feeling and compassion. To be-with children in everydayness is not to make them over, not to compare them, elevate or belittle them. The hard preactice of child care begins to drop opinions about kids, judgements and prophecies that stick like bubblegum in their hair. Children and adolescents have their own truth. They need clear mirrors to reflect it to them. Child care work is the practice of telling th truth. It is more than our images and plans for kids, more than our opinions, likes and dislikes of kids. There is a Turkish proverb that says "He who tells the truth better have one foot in the stirrup." Perhaps this is why child care work is not very popular nor very easy. And slso why so many folks move on so frequently. To allow youngsters their truth, to help them see it and to say it, sometimes to say it for them, is the rigorous discipline of child care. Add to this the compassion needed to live with anothers confusion, pain and stumblings, and one beginns to appreciate the demands of the practice. We do what is there to be done.
So, I ask you: what do you do?

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Instead of listing books to read, I prefer to offer the final lines of the prose poem CLOWNS that we began with:

Clown, destroying in laughter, in grotesqueness, in guaffawing, the meaning that contrary to all indications I had developed about my own importance.
I will dive.
Without my purse into the underlying infinite-mind that is
open to all,
I too open to a new and incredible dew,
by force of being null
and leveled...
and laughable... Translated by Richard Ellmann

HOW TO PLUG THE GAPS: PROGRAM PLANNING FOR LEISURE TIME ACTIVITIES

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WORKSHOP PRECIS:

As recreational activities are increasingly identified as essential elements of an overall therapeutic program for children in out-of-home placement, the role and responsibility of child care workers for program planning becomes increasingly important. The purpose of this workshop is to identify the basis principles of program planning and activities selection so that child care workers can effectively fulfill the therapeutic role required. The workshop is designed to directly involve child care workers in structured activities to experience the principles of program planning and activity selection which comprise the conceptual content of the workshop. This precis provides a narrative overview of the material which is incorporated into the structured workshop experience.

As a prerequisite to program planning, the fundamental value of activities in contributing to the positive growth and development of chuldren must be explicated. In general, activities provide and opportunity to develop various skills and abilities, to learn, to develop a sense of self-worth and self-confidence, as well as providing an outlet for the release of excess energy. Each of these aspects of activities is further detailed in the literature, and the relationship of these aspects to particular children and the process of selecting a particular activity is important, and will be identified throughout the workshop.

In order to provide a generic framework for child care workers to use in approaching program planning, some basic principles will be identified, as follows: activities should not be unilaterally imposed on participants and it is preferrable to include prospective participants in the identification and planning for activities; activities should not automatically exclude any prospective participant; activities should allow for participation at various levels of proficiency; activities should evidence concern for each individual participating and provide an opportunity for "self-success"; activities should always be evaluated.

Based on these general principles, the child care worker can begin the process of identifying and selecting leisure time activities which comprise a therapeutic program plan for the particular children in their care. Specific issues which should be addressed in the process of identifying a potential activity include: to what extent can the children be directly engaged in identifying and planning activities of interest of them? To what extent can careful observation of the children's interests and individual pursuits contribute to activities ideas? To what extent can other child care workers assist in the identification of potential activities? In addition to the preceding issues, the process of identification of potential activities must also include consideration of the resources required as well as the amount and nature of structure and planning required.

Once a diversified and fairly full list of potential activities is identified, the selection process can begin. In attempting to compile a program plan, attention must be addressed to achieving a balance between major and minor activities, individual and group activities, highly structured and loosely structured activities and self-directed and externally directed activities. Each of these factors is inextricably related to the particular population of children in care, and throughout the workshop, emphasis will be placed on identifying the specific characteristics to be considered in this respect.

Within the workshop, other major areas which will be addressed, in the context of creating and implementing therapeutic activities, include: issues of competitiveness and cooperation and resulting implications for activities; scarcity of resources for activities and strategies to address this problem; and enhancing creativity and imagination in approaching activities identification and selection.

In conclusion, this workshop provides child care workers with knowledge, skills and strategies to more effectively fulfill a therapeutic role and function in the design and implementation of activities for the children in their care.

WORKSHOP DESIGN:

I Introductory Structured Activity

A. Description of Activity:

Participants, in pairs, use various materials to create something that conveys the kind of problems they confront in designing and/or implementing leisure-time activities within their agencies. After allowing time for pairs to explore the issue, decide what to create, and actually create it, begin process of having pairs introduce themselves and their creation to the group. (Overall atmosphere should be "fun", "creative", "loose").

1. Purposes of activity:

   a. Introduce participants and trainers
   b. Provide at least one "bond" for each participant with another participant in the group
   c. Provide an actual experience for participants to use as basis for understanding and utilizing "Principles of Program Planning." (Workshop Section 4C)
   d. Initiating group cohesion, encouraging "creativity."

2. Materials Required:

   a. Colored Paper
   b. Magic Markers
   c. String
   d. Brown paper bags - assorted
   e. Scissors
   f. Tape
   g. Crepe paper
   h. Pads and pencils

3. Implementation:

   a. Room and materials should be set up in advance to facilitate activity - materials should be distributed throughout room.
   b. As participants arrive, trainers welcome them and inform them of the opening "game." Instructions should also be written on newsprint and posted in the room. Inform them of available time: ten minutes.

c. Instructions:

Participants are told to select a partner, (preferably someone they don't know) and together create something which conveys the kinds of problems they confront in designing and/or implementing leisure time activities. Tell participants that they have 15 minutes in total, and can use any/all of the materials provided, as well as anything else in the room.

d. Trainer's Responsibilities:

After stating instructions, trainers should move around the room, facilitating climate-building and encouraging creativity.

Time must be kept, after 10 minutes - inform participants that they have 5 more minutes.

At the close of the 15 minutes, re-assemble participants in circle and begin going around the room having participant pairs introduce themselves and explain their problems as represented by their "creation."

During this introduction phase, one trainer must be recording all problems, as stated by participants while other trainer manages introductions and group process.

After all introductions are made and problems recorded, one trainee should state that the workshop will attempt to address the majority of the issues raised, and then trainers should move to processing by stating something like: "Now let's take a look at what just happened here. You have alll just participated in an activity- it could easily be a "game" - similar to the child care experience - take a minute to think about yourself in relation to this activity.

4. Processing:

a. Identification of experience:

(i) Ask questions such as: How did you feel when first faced with the activity? Why?

Responses expected: "Imposed upon"
frightened
annoyed

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(ii) What were some of your first thoughts upon hearing the instructions?

Responses expected: getting to the material
first (competitiveness)
confusion
(importance of clarity
re: "rules")

(iii) Did any participant have an advantage over other?

(iv) Was any participant excluded?

b. Analysis of experience:

(i) Ask questions such as:

Based on what you just felt and experienced what would you see as important in planning or implementing activities in your child care setting?

c. Generalization of experience: Principles of Program Planning.

Summarize previous points into basic principles:

- Activities should hot be unilaterally imposed on participants - They must at least be "willing" participants. It is preferrable if planning includes participants and/or activities ideas emanate from prospective participants.
- Activities should not automatically exclude any prospective participant or group of participants.
- Attention must be paid to issues of individual participants, capability, ability, and physical, mental and emotional characteristics.
- Activities should provide for participation at various levels of proficiency.
- Activities should show concern for the individual and provide an opportunity for "self-success" and "ego-enhancement."
- Activities should always be evaluated:

(total time, Section I: 1 hour
15 minutes

II. Program Planning for Leisure Time Activities: Small-group brainstorming

A. Description of activity:

A number of questions are posed, which are to be addressed by small groups of participants by "brainstorming." Each group is given newsprint and magic markers, and asked to select a "recorder" for the task of writing down everything suggested by group members. Questions include:

1. Of what therapeutic value are/can be leisure time activities?

2. What would be some of the creative strategies to deal with the problem of __________? (take problems from first part of workshop, as stated in introductions).

3. What do you think the role of the child care worker should be in planning and implementing leisure time activities?

B. Trainers Responsibilities:

1. Introduce concept of brainstorming:

   - technique for generating the maximum number of ideas without discussion, evaluating or dealing with those ideas.

2. Print questions on newsprint.

3. Ask for volunteers for each question, forming self-select sub-groups.

4. Allow for physical rearrangement to facilitate groups.

5. State instructions clearly:

   - For the next 15 minutes, "brainstorm" the question. With one group member acting as the "recorder" (on newsprint), group members should state any/all ideas that come to mind in relation to the question, no matter how "unreal," "absurd," etc. - They may seem. At the end of the 15 minutes, each group's work will be shared with the larger group.

C. Processing:

Addressing one question/one group at a time, have newsprint posted, review responses, engage total group in other possible responses. Augment as necessary. Point out applicability of brainstorming technique for generating ideas for activities within the child care setting-with other staff/with children in care. (Total time, Section II: 45 minutes).

III. Lecturette:

Didactic summary of literature relevant to program planning and activities implementation in child care. (Total time, Section III: 10 minutes).

IV. Workshop Evaluation/Self-Assessment:

Trainers ask if there are any questions. If not, ask for comments on workshop-what have they learned which is applicable to their jobs?

V. Distribution of Materials:

Distribute materials for participants to use in selecting/planning/and implementing activities.

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APPROACHES, TECHNIQUES AND SKILLS UTILIZED IN DEALING WITH AGGRESSIVE, EMOTIONALLY DISTURBED ADOLESCENTS IN SHORT TERM FACILITY

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PRECIS:

This workshop focused in on various systems which were implemented to improve an untenable situation in a short-term facility which was populated by aggressive, hard to reach adolescents. The workshop leaders described the development of a unit system within a diagnostic center. This was necessitated by the chaos which had prevailed.

Within the unit syste, youngsters were placed according to the extent of their pathology. For example, all youngsters were initially placed in the orientation unit. Within this unit, a diagnostic work up is done by a multi-disciplinary team which determined whether a youngster is placed in Unit B, a unit for easy to place children on Unit A, a unit for hard to place or whether the child should be transferred to another facility. Most of these youngsters were at the diagnostic center awaiting to be placed into long-term facilities.

Since these youngsters were hard to place and had been in other facilities, various approaches had to be developed to modify their behavior. One approach was the development of a point system within each unit. The point system was a unified system and all residents were aware of this system and expected to adhere to it if they were to acquire special privileges.

All youngsters at admission were oriented to a 3 level point system. They could move up to Level 2 if they went along with the rules and regulations of the center. The number of points which a child accumulated in a given week determined the level on which she or he was placed. For example, if one were on Level III, one had obtained nor more than 1600 points. This meant that one had missed no more than 2 school days and achieved no more than 7 foul ups in the following areas:

1. Area Limits
2. Peer Relationships
3. Language
4. Target Behavior

In addition, one could not miss a rap session with a social worker; and one could not miss a group meeting.

Within Level III, privileges included a $1.00 allowance; other privileges were minimal or non existent.

Level II entailed 1900 points. This entailed no more than one missed school day and no more than five foul ups in the same areas mentioned on Level III.

It was also expected that one must attend a rap session with a social worker and attend a group meeting.

Privileges entailed a $2.50 weekly allowance, two afternoon passes and a non-paid special activity.

The highest level was Level I at 2200 points. This included five good school days, no more than 3 foul ups in the above mentioned areas, attendance of rap sessions with the social worker and attendedance at group meetings.

Privileges included a $5.00 weekly allowance, five afternoon passes, a week night special activity, late night T.V., and a non-paid special activity.

Within the Unified Point system there were a set of rules that all residents had to adhere to. The following were mandatory for all residents:

a. No Drug buse
b. No Concealed Weapons
c. No Drunkenness
d. No AWOLING
e. No Verbal Abuse to Staff and/or Residents

Any resident who disobeyed one of these rules would be automatically dropped a level.

Another factor, which was related to each youngster, was that physical abuse to residents and/or staff would result in a no level status or preparation for relocation.

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The results of this system were as follows:

1. There was a reduction in AWOL's.
2. There was a reduction in vandalism.
3. Youngsters developed a strong sense of security and communal feeling which effected their desire to go into other facilities.
4. School attendance increased.
5. Fighting and curging among peers decreased.
6. Staff morale improved.
7. Residential recreational program improved.
8. Behavioral improvement in the diagnostic center was carried over on home visits.

A general assessment indicated that the physical plant, while not adequate, was not primary in the behavioral improvement of the residents. Essentially it is the interaction of staff and children and the systems set up to support the interaction which is primary to effectuating change.

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BEHAVIOR MODIFICATION FOR EMOTIONALLY DISTURBED YOUNGSTERS IN AN OPEN RESIDENTIAL CHILD CARE SETTING

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Behavior Modification is a term which is now used so widely and loosely that it's meaning has become rather nebulous. Mikulas (1978) speaks of behavior modification as the "application of experimentally established principles of behavior to problems of behavior" (p.2). He says that "behavior modification is sometimes equated with applied operant conditioning" but that behavior modification includes much more than that alone. He clarifies the meaning of the term even further by pointing out that behavior modification is also "structured learning in which new skills and the client becomes more motivated for the desired changes" (p. 2).

The primary principle associated with behavior modification, including the token/point economy described by the presenter of the workshop, is that of reinforcement. A reinforcer is anything occurring (a stimulus) which increases the frequency of a certain behavior. Usually a reinforcer is pleasant or agreeable to the individual in question, but the rienforcing quality of a given stimulus can vary as much as the personalities of the individuals. In other words, a stimulus which is highly reinforcing to one individual may not be reinforcing at all to another. Skinner (1953; 1972) believes that almost all behavior occurs in an individual because in some way that particular behavior has been reinforced by consequences (contingencies)in the past. In order to modify or change behavior, one must find out what stimuli are reinforcing to the individual in question, and then apply them in a structured organized manner.

The main focus of this workshop is to discuss the application of behavior modification techniques and principles to an open residential child care setting for emotionally disturbed youngsters. Several areas will be discussed, but mainly: a) reasons why a taken economy behavior modification system can be useful and effective, b) general procedures and principles as related to application in such a setting, and finally the steps to follow for implementing a token/point economy behavior modification system at the agency where you work.

A token economy behavior modification system provides a more highly structured environment with clear expectations -- and consequences-- for the children, many of whom have come from chaotic, very unstructured home environments. It also provides a way of monitoring progress as well as areas of particular concern, for the individual children.

By using a token/point economy system, the responsibility for determining how pleasant or unpleasant life at the agency will be for the child, is placed, for the most part on the child. Special activities and privileges are earned so the child cannot play the victim and complain that staff favors other children whem making selections as to who will be included. Such reinforcers as points, behavior mod store cents for purchasing back-up reinforcers, late bedtimes and special activities/ trips provide incentives for the child to work on his behavior problems. Such reinforcers can be especially helpful with emotionally disturbed children who have little or no trust of adults upon placement, and are unresponsive to social reinforcement.

Lastly, the record of daily point totals provides a concrete visible record for use in evaluating the kind of progress -- or lack thereof--which the child has been making. This can be especially important in view of the ever increasing emphasis on being able to show the funding sources that the children are in fact benefiting by their placement. Even though daily point totals can be useful, the value of daily, or at least weekly, logs on each child should not be underestimated.

A number of general guidelines or principles related to the implementation and use of a token/point economy behavior modification system should be mentioned. Even though behavior modification theory (Mikulas, 1978; Skinner, 1953) stresses the value of reinforcing appropriate behavior and ignoring -- rather than punishing-- inappropriate behavior, punishing or fining negative behaviors is in many instances more practical and workable. The theory suggesting that one reinforce incompatible desired behaviors rather than punishing undesired behaviors is a sound one, but all too often it is simply too impractical and cumbersome to carry out with a large group of children in a residential setting. Charting target behaviors (i.e. behaviors which one wishes to extinguish or promote) is an important part of such a system as it enables those administering the system to evaluate how it is working with individual children. In addition, it is often useful to individualize the system for children who do not seem to be responding well to the group oriented program by contingency contracting. A particular child may find the reinforcers built into the system rather unmotivating, and may need a personalized behavior modification program to work on his/her most salient problems. Another valuable aspect of individualized contingency contracting is that the child is involved in the drawing up of the contract, so is more likely to go along with it and work on the designated behavior problems.

It all token/point economy systems tokens (or points) should gradually become less and less important for the clients until finally natural and/or social reinforcers become sufficient to maintain desired behaviors. (Ayllon & Azrin, 1968) They also point out that it is best to reinforce with tokens (or points) only behaviors which will be reinforced naturally outside the system.

As useful as a token/point economy system may be, it is still necessary that a certain amount of control be established by the child care workers. Only by seeing that adults will control them physically when they are unable to control themselves, can emotionally disturbed youngsters feel secure. Control also involves the useof fines and restrictions not directly tied into the token/point system and they are a necessary part of the overall behavior modification program.

It can't be emphasized enough, however, that the building of relationships with children is still the key to effective child care and that any system is only as good as the quality of the people implementing it. Brendtro in The Other 23 Hours (1969) puts his finger on the key to progress in a disturbed child, and that is through the development of a meaningful relationship between the child and his adult caretaker (s). He states that establishing a relationship involves three main elements:

1. "Increasing the child's communication with the adult.

2. Increasing the child's responsiveness to social reinforcement provided by the adult.

3. Increasing thetendency of the child to model the behavior of adults." (p.54)

Fostering trust and the development of a positive, growth enhancing relationship can occur best when child care workers are, as Ed Muth a former supervisor of mine stressed over and over, "firm but fair."

There are a number of steps to be followed in implementing a token/point economy behavior modification system in a setting where it is not presently in use: (Goldblatt, 1979)

1. Secure complete support and backing from the administration.

2. Other staff members (e.g. custodial, clerical, clinical) must have some understanding of the system and be tied into it.

3. Parents should know and understand the program.

4. Studies, exams, evaluations and observations should be carried out in order to clearly understand each child's strengths and deficits, in other words his capabilities.

5. Teachers, child care workers and other staff who will be directly involved should have a training program about the system.

6. Identify and designate specific behaviors one wants to reinforce, establish , or extinguish.

7. Devise a recording system to keep track of behaviors, accrued points, etc.

8. Make a manual explaining all the rules of the system, including such possibilities as arguing about points.

9. Devise times and methods to give out tokens, how to show points accumulating, etc.

10. Select a medium of exchange and figure out how the back-up reinforcers are to be given out.

11. Select meaningful, desirable reinforcers. (The children can help in this by indicating what they like and don't like).

12. Have a dry run. Begin to score behaviors and count points without letting the children know.

13. Introduce the program to the children by describing the mechanics of the system putting on a play or showing a film.

14. There should be a mechanism for getting off (being weaned from) the system as well as a mechanism for going back on.

A token/point economy system is not a panacea in work with emotionally disturbed youngsters, but it can be useful therapeutic tool when used by warm, dedicated and concerned child care staff.

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HOW TO MANIPULATE YOUR ADMINISTRATION...APPROPRIATELY

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> "Last night in group the boys decided they would like to learn tumbling. I thought it was a good idea and asked my supervisor if we could get some mats. He just smiled and said to put it in writing."
>
> "How come they can spend $20,000 on a new greenhouse and we still don't have that recreational counselor we've been wanting?"
>
> "I mentioned to the unit director last month that if we allowed each cottage to control its own food and supply budget we would save money. I haven't heard anything since."

The fact of life for too many child caring agencies is that there is a preceived or actual adversary relationship existing between administrators and the line staff. The three above statements by child care workers reflect the tension, frustration, and misunderstanding often felt by staff who view their agency administrators as an enigima, or worse, as uncaring individuals who long ago lost touch with the realities of kids and daily cottage life. This workshop is intended as a short course for child care staff to thelp them better understand the issues, headaches, and pressures of administrators; an idea of agency systems; and how to use this knowledge to best advantage when suggesting change, requesting new materials and/or maintaining effective services to kids.

It helps if you can dispel the myth (if it hasn't already dissipated) of agency supervisors and administrators as "all-knowing, wise,powerful paretn figures" who must be approached through solemn genuflection and who will dispense their skills and agency resources with the insights of Solomon and the patience of Job. More typically they are competent professionals with active egos, a sense of mission, and a vision of tomorrow who find themselves trapped or struggling wih unpredictable funding sources, community politics, board of directors' gamemanship, and the loneliness of decision-making and accountability that comes with executive leadership. Underneath the exterior of confidence, the public relations smile and the demeanor of command may lurk the conflicts of compromising professional ideals with political realities, balancing a budget, and not letting the agency's media and public relations image out-distance the program reality. The capability of viewing the administrator both in terms of humanness (a little sympathy vote here never hurts) and within the context of organizational role makes for a good starting point in understanding and applying what follows.

Remember that all agencies are systems and systems, ranging from simple to complex, are a series of elements or components that all affect each other in a special way to achieve a function. Understanding how your agency works in terms of what the goals are and who establishes them, the nature of the communication linkages, who filters out in-coming and out-going information, what the organizational rules are and how they are made, what the roles are and how they inter-play are some of the concepts taught from systems theory. If you are wishing to bring about change, understanding the ball-park you're playing it is essential. You must know the cast of characters and appreciate their function and furthermore you must anticipate what impact any change or request will have on these people and the systems as a whole. It doesn't take any child care worker very long to become aware that certain individuals like the cook, maintenance man, bookkeeper and secretary usually command a greater role in an agency than an organizational chart might indicate. Alienate any of these people and you might not get fed, fixed, financed or facilitated!

Social service systems operate on budgets and depending on the funding source these budgets have restrictions on how, when and where money can be spent. It would bo so simple if all the money could just be put into a common pot and the Executive Director had the luxury to just spend. Unfortunately, money always has strings attached. If your agency is receiving any kind of public monies you need to become acquainted with the concept of a "line budget" which means the one big pot of money gets divided into many, many smaller pots. The skill of administration is involved in the capability to predict ahead of time (often several years ahead of time) how much money must be placed in each pot. And the rules of the game state you can't borrow from one pot to make up a deficit in another pot. And furthermore, most funding sources feel that if you don't spend what you asked for, you probably really didn't need it and you risk a budget cut in subsequent years. Thus your administrator must skillfully predict future needs, plan to spend all of the budget funds and still maintain some revenues for emergencies.

If is for these reasons that sometimes your agency may be spending for capital improvements, books for the staff library and stocking up on paper goods while at the same time several staff positions are left vacant or increments are less than expected. Several pots may be overflowing and another is dry. If you can gain an understanding of your agency's budget you may discover some insight on how a request for new tubling mats will be received. Not all budgets are "line budgets" but the concept is similar. Child care staff should encourage their administrator to provide in-service training on agency budgets, funding, and bookkeeping methods to insure understanding of internal procedures.

Child care workers - make sure you've done your homeowrk if you are serious about your ideas! If you feel that an acquisition of some new equipment is important, determine approximate closts yourself and develop sound rationale on how it might benefit kids within your program. It helps to have a picture available of what it looks like and a catalogue number that would expedite its being ordered. Check out whether the request has been made before and what happened. Have some idea of your agency's budgetary year and your administrator's process for receiving budget request. Be aware that many executive directors are not prone to spend for unbudgeted items in the beginning of a fiscal year when funding is less predictable and may have to spend toward the end. ubmit all requests and rationale in writing, for a verbal request is too easily forgotten or overlooked and request a follow-up meeting to discuss your proposal. Always utilize established supervisory channels for decisions! You may step out of these channels only for the purpose of information gathering.

Know your supervisor and administrator. We all have our individual styles, personalities and idiosyncrocies, and whether one admits to it or not, certain attitudes, values and mannerisms of others tend to be turn-offs. If your director is a crew-cut ex-military man who has a thing for neatness and order, your request should reflect his preferred style. Know what he values and believes and without being phoney or hypocritical, see if your rationale can respond to his interests and vision. It also helps if you have demonstrated quality and responsible work yourself in terms of your own job. There is not too much more galling to an administrator to receive a request for new equipment from a child care worker whom he feels has little control over kids and whose kids keep breading things, thus escalating the agency's maintenance and repair budget!

Recognizing styles of leadership. Is your administrator autocratic, democratic or laizzez-faire? The autocrat will be the most difficult to influence and, by nature, will insist on decisions emanating from his direct control. The task here is to manipulate his style of leadership into believing your ideas are his ideas. Needless to say, issues of job security are also the greatest for the worker who alienates himself in this process. The democratic leader will be very receptive to much of the process being suggested in this paper and the laissez-faire style probably will allow you to take over the agency within six months.

Don't be afraid to risk! Specifically, don't be afraid to venture forth an opinion about your idea. There is a big difference between the worker who asks his supervisor: "What do you think of a co-ed Saturday night!" and the worker who clearly states a position that a co-ed is programatically sound and needed because of various issues in the teen cottage group cultures and specific treatment needs of Sally, Mary, John, and Joe.

The supervisor now can react to the proposal based on facts rationale and data and hopefully will offer additional facts, rationale and data to evaluate the proposal before rendering a decision. The worker, of course, puts himself on the line by risking a position and furthermore exposes the quality of his homework to the supervisor. But more importantly, the worker doesn't set the supervisor up with an ambigious question masking unclear intentions. The supervisor may love, hate, or feel ambivalent about "co-eds" depending on whether its for seven year olds, teenagers, or a swinging staff party; but, in any case, the decision needs to be made based on specific needs and treatment goals of kids, staff, agency goals, and program resources. Risking a position supported by "homework," also provides the supervisor with a splendid opportunity to offer the worker constructive feedback on his conclusions, and thus, further enhance the worker's and agency's training goals. Of course, some supervisors may feel threatened by an employee's quality homework, so one must respond in terms of the individual need and capacity of the supervisor.

It can also help tremendously to get to know the director's secretary and other significant people that have access to the prevailing political and budgetary winds with the agency. A friendly and sympathetic supportive staff member can do wonders to advise you on the timing and best methods to insure a receptive ear. Time spent in casual relating may prove invaluable as a future reference point.

Have a sense of your agency's priorities and examine your ideas and requests in terms of how they may further promote your agency goals. What may appear essential or brilliant to you may be seen as frivolous or naive to tohers. Sot the task becomes education - wither your administrators or your own. If you're convinced that educating the boss is where it is at, this must proceed with great caution so as not to appear overly aggressive, "know-it'all," pushy, or looking for a promotion and thus risk shutting off all further communications (or paychecks!).

Above all, learn to be patient and recognize that most systems usually have a stake in maintaining the status-quo. One alwyas has the option to resign or be fired for principle, but usually it is in our best interest to learn to work within a system and make the system work for use. After all, this is usually the only option avialable to most of our clients anyway and if we can acquire and model those skills through our own work we ultimately are teaching the children in care to cope with a complex world.

Don't be afraid of the word "manipulate." Though often having a negative connotation it may be defined as "controlling or managing artfully by shrewed use of influence." Maybe the reason so many child care workers chose to attend this workshop is that they don't perceive themselves as having sufficient influence to cope with agency systems and administrators. Yet the agency system cannot function apart from child care staff and effecive competent administrators know this. So it is time for child care staff to become more artful and shrewed by doing their homework and by providing supervisors clear and perceptive insights in how to more efffectively serve kids in care. And when barriers exist, skillfully digging out the reasons why and using this knowledge and the resources of the existing system to bring about change will not only benefit the clients, but also significantly add impetus to the growth of a child care profession.

Good luck...... and happy manipulating!

INNOVATIVE TREATMENT PROGRAMS FOR AGGRESSIVE ACTING-OUT CHILDREN

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Children and adolescents with severe behavior and emotional problems are a large problem to most social service agencies. Treatment of choice for the last decade has probably been residential treatment centres. Research on residential treatment has not been very positive in many cases and costs have been found to be very high.

The movement towards deinstitutionalization and normalization has led to many new community based alternatives to residential care. Many of these alternatives don't seem to have an adequate theoretical base ro structure but some programmes are well thought out and have good success at a moderate cost. Four programmes that seem to typify the move to sell-structured Community based approaches for difficult children and youth are.

1. Project Options - Central Toronto Youth Services
2. Parent - Therapist Program Chedoke Hospital, Hamiltion, Ontario and Special Family Project, Kent, England
3. Delcrest Centre, Downsview, Ontario
4. Community Treatment Homes, Youthorizons, Montreal, Quebec

1. Project Option's - Toronto, Ontario, Canada

Project Options is an inter-agency project which was developed in October 1976 to deal with difficult youth who didn't seem "fit" into any of the existing services being offered in the Training Schools or Mental Health Systems.

Project Options was developed to find more effective means of dealing with these youth by sedigning individualized, service packages for them. The individualized service uses existing resources whenever possible - frequently supplementing the resource with extra support - or developing new resources when necessary (i.e. Foster Homes).

One of the major components of most service packages has been a one-to-one contract worker for the youth. This one-to-one worker is, in most cases, a relationship person for the youth, and lathough the youth may continue to move through several placements, the one-to-one relationship is maintained.

In choosing a contract worker for nay youth, we attemtp to match the worker and wouth as closely as possible in terms of their interest, skills and personality. We have found that the better this match, the greater are the youth's chances for making progress.

The Parent-Therapist Program from Hamilton Ontario which serves pre-adolescents and the Special Family Project for adolescents from Kent, England are similar independantly developed programs. Many of the programs developed for children with severe problem behaviors have grouped them together in residential centres or community group homes. This may be one reason why results have not been spectacular. The Parent-Therapist and Special Family programs acted on the theory that it will be more normal and healthy to place children with severe problems in good strong families with an effective support system.

Families are selected and trained to deal with severe problem behavior and formed into therapeutic teams with other parents. Both programs attempted to develop a treatment program that is as close to normal community living as possible. The development of treatment teams composed of healthy, normal families with professional support in an extended family model has resulted in an "institution without walls."

Both programs have clear goals and treatment plans and have built in research and evaluation structures. They have succeeded with children who havd previously been thought unmanageable in community placements. They have often been surprised with the ease that children with a history of very difficult behavior have fitted into normal families and community life. Costs for both programmes are consistently about half of many residential treatment programs.

Dellcrest Children's Centre is a medium size human service agency providing a full range of services to disturbed children and their families. The client population ranges from welfare to middle class families.

Dellcrest has seven treatment programs as outlined below.
The Child and Family Clinic is an outpatient program where the child and family come to the Centre and receive family therapy based on a structural approach.

The Home Care program employs Child Care Worekrs to work with families in the community. These workers teach child management techniques to parents and provide between one and three hours direct service.

The Residence program consists of three units, One is a community oreinted five day service, another is a seven day service treating more disturbed kids and the last is called Community Milieu Services which attempts to keep children out of residence by resourcing them in their own homes up to 12 hours per week.

The Day chool program has four classes for disturbed children, two on site and two in local schools. It also provides an assessment and follow up service.

Community Service provides consultants to local schools. These consultants deal directly with teachers regarding children with behavior problems.

T.A.P.P. or Training and Prevention Program is a parent educational program that is beamed at the parents of pre-school children.

The group program provides a range of therapeutic groups to kids on a weekly basis.

Dellcrest also has a Research Department that is extensively involved in program evaluation.

Dellcrest uses a systems approach to agency management which helps it to monitor and evaluate programs in an ongoing way.

An Approach to treating the "Institutional" Youth in a Community Based Treatment Home in Montreal

Youth Horizons, located in Montreal, Quebec, Canada, is and amalgamation of four long-existing agecies that continues to serve psycho-socially maladapted anglophone pre-adolescent and adolescent populations in the province. Youth Horizons offers a continuum of services: Day Programs; Emergency Shelters; 6 Group Homes, 4 Community Treatment Homes; a Reflection Unit (a crisis intervention unit); and pre-adolescent and adolescent institutional programs. These are included in 4.5 million dollar budget.

The focus of this presentation is the development of Youth Horizons Community Treatment Homes for previously institutionalizable youths. The account presented describes the change process or intervention strategy implemented to adapt a group home system, Summerhill Homes (ten agency-owned homes), to a community treatment home system.

The intervention approach focuses upon the family unit of the referred youth. The basis appriach is to attempt to ally with the family and youth and not to compete with the natural family. The youths place exhibit a wide range of behaviors and attitudes that, if one uses the Devereux Adolescent Behavior Rating Scale, which have recently been implemented, places them well within the range of insititutionalizable youth, especially along the dimensions of Defiant Residtance, Domineering, Hyperactive, Needs for approval, dependency, withdrawal, inability to delay gratification, anxiety and self-blame.

Concepts suggested as basic to transforming a group foster home system to a Community treatment home system are;

1. That each individual home must be an integral part of an agency offering a continuum of services with support services available, such as a Reflection Unit (a crisis intervention unit) to which youths may be transferred immediately in order to work out problem situations that occur, and then return to the home.

2. Effective organizational design and management of that design is inseparably related to effective delivery of care and treatment at the front-line level. Too frequently organizational design is thought to be relevant only for large entities such as entire agencies, but is not recognized as critical for the quality of services offered by the front-line worker.

3. There is no one "best" method being presented for implementation. What is sought is a congruent set of methods which will form a coherent, consistent gestalt to form the basis for staff and resident change.

4. While points 2 and 3 above are necessary factors in the care and treatment program development, they are not sufficient conditions for the realization of effective front-line delivery of services. It is believed that, as part of the change process, a working through of critical issues regarding the care and treatment philosophy must occur with the staff. From this process evolve a evolve a residential care and treatment plan contract that is both flexible enough for diverese staff to work within, but still offer a central focus for a residential care and treatment progrm. (In one system the authors worked in, this was called an "Action Plan", in another the "Program Plan." The plans were renegotiated every thre or six months.)

5. The care and treatment program, to be effective, must be developed to be congrunent with both the defined assessed needs of the residents and the readiness of staff to implement a particular program.

6. The care and treatment services to be delivered must be capable of being stated in attainable and measurable terms. It is suggested that, based on an analysis of given human and material resources, the key goals and objectives of the program must be stated so that they can be actualized by staff and monitored by ojective observers on a scheduled basis.

7. These assumptions are based upon the larger agency providing the necessary resources for the program to deliver a specific program to a defined client target group.

8. The approach taken attempts to maintain the family model (the married couple) with the addition of one full-time grouphome counsellor, instead of implementing the rotating child care shift model, and to support these staff from the outside; i.e. more co-ordinator and social worker time, one-half of a work load, for each, a reflection unit,plus additional auxiliary services, housekeeping, central buying, for the houseparent.

Using these assumptions as a form of conceptual technology, the group home teams each developed a written program plan following Program Plan Guide outlines and treatment plan guides that effectively relate the family and youth treatment plans to the overall written program plans. The attempt is to match the family and youth to environments that facilitate change. This form of planning approach, called the B.P.E. paradigm, with a reorganization of the areas of staff responsibilities, i.e. mini global budgeting for each home, etc., have permitted the development of differential environments that more closely match the needs of previously institutionalized youths and allow these youths and their families to be treated while residing in the community and maintaining "Normal" contact wherever possible within the community.

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TALKING, LISTENING, COMMUNICATING WITH CHILDREN

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PRECIS:

One of the most disturbing aspects of the world today is that very few people listen to anyone else. Even if one wants to listen, there is rarely time to really listen and understand. The goal of this workshop is to discuss practical ways to ensure that we listen effectively to children.

Effective communication with children is the heart of a helping relationship. Although seemingly easy, it is a difficult and challenging task to talk so children will listen and to listen so children will talk. Both listening and talking are complex skills that need to be broken down into specific subcomponents in order to facilitate efficient learning. In general, adults talk too much with children, come in too soon with a ready answer from their own experience, and tend to monopolize the conversation with a child. Learning a simple listening, reflective approach can greatly improve one's helpfulness to a child.

Among the key listening skills that one needs to practice and master are:

1. Attending Behaviors - eye contact, body language, verbal following.

2. How to get Children to Start Talking. Open invitations and minimal encouragement. Open vs, closed questions.

3. Paraphrasing. Clarifying and ensuring understanding by verbal feedback to the child.

4. Reflection of Feeling. Responsiveness to emotional experiences of the child. Expanding the child's feelings vocabulary.

5. Empathy. Taking the child's perspective and accurately communicating this understanding to the child.

6. Active Listening. Listening to implicit messages and underlying meanings.

7. Summarization. Gathering together and integrating several strands of thought to promote better understanding.

Some of the basic talking skills that will get children to really listen are:

1. Self-disclosure. Promoting deeper communication by revealing your personal thoughts and feelings.

2. Clear Language. Use of simple, concrete and familiar words that children will know.

3. Confrontation. The skill of asserting yourself without being hostile, when a child is causing you a problem.

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